



RETIREMENT KIT  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 53723 (Rev. 01/06)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657  
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920  
[www.nd.gov/ndpers](http://www.nd.gov/ndpers)



This publication contains information, forms, and instructions necessary for a terminating employee to apply for retirement benefits and insurance administered by NDPERS under either the Defined Benefit or the Defined Contribution Plans. This publication is to be completed by BOTH the employer and employee.

This publication is intended to provide general information and may not be considered to be a legal interpretation of law. Statements contained in this publication do not supersede the North Dakota Century Code or Administrative Code or restrict the authority granted to the Retirement Board.

*The information in this publication is subject to changes made by the North Dakota legislature, by the Board of the North Dakota Public Employees Retirement System (NDPERS), and its agents.*



# NAVIGATING THE RETIREMENT KIT

COMPLETE FORMS IN BLUE OR BLACK INK



## **EMPLOYER Responsibility**

The [Notice of Status or Employment Change SFN 53611](#) **MUST** be completed by your employer and **MUST** accompany your **FINISHED** retirement kit.

Your retirement kit will not be PROCESSED without this form.

## **RETIREE Responsibility**

### **1. GROUP RETIREMENT PLAN**

The retirement benefits described in this section **ONLY** pertain to members of NDPERS Defined Benefit and Defined Contribution Plans.

Before completing any forms, read all instructions, as well as the terms, and conditions on the back of each form. Read the "Group Retirement Plan" sheet carefully before proceeding.

#### **DEFINED BENEFIT PLAN MEMBERS:**

- √ If you have not already done so, complete the NDPERS [Request for Benefit Information SFN 53603](#) to request a retirement benefit estimate. You may also access your retirement account through NDPERS On-line Services at [www.nd.gov/ndpers](http://www.nd.gov/ndpers).
- A. If eligible and electing the Partial Lump Sum Option, complete and return the [Application for Partial Lump Sum Option – Defined Benefit SFN 54373](#) at least 30 days before retirement or before the distribution of your first retirement check.

#### **DEFINED CONTRIBUTION PLAN MEMBERS:**

For account information contact FIDELITY at 1-800-430-2363.

- √ You **MUST** complete the [Application for Retirement Benefits SFN 2562](#) and send it to NDPERS within 30 – 60 days prior to retirement. In accordance with laws governing processing retirement benefits, NDPERS must receive an "Application for Retirement Benefits" and appropriate legal documentation at least 31 days before retirement or before the distribution of the first retirement check.

If documents are filed too late, the payment will be DELAYED.

- √ Complete and return the [Designation of Beneficiary for the Group Retirement Plan SFN 2560](#) to refresh/update your designation of beneficiary(ies) for the group retirement plan.

- √ It is NDPERS policy that all annuity payments are required to be direct deposited. Read the “[Direct Deposit by Automated Clearing House \(ACH\)](#)” information sheet. Complete the [Authorization for Direct Deposit for Annuity Payment SFN 18379](#).
- √ Federal tax **MUST** be deducted if a completed W-4P is not returned (married/3 allowances). North Dakota State income tax is 21% of your Federal withholding. Complete the “[W-4P\(Substitute\) Tax Withholding Certificate SFN 51506](#)”. NDPERS uses monthly payroll period from the “[IRS Income Tax Withholding Tables](#)”.

## **2. GROUP HEALTH INSURANCE**

Read the “[Dakota Plan, Dakota Retiree Plan & Dakota Health Plan Features](#)” sheets carefully before proceeding.

### **Choose one of the following options:**

- A. Continue your CURRENT level of coverage through NDPERS, complete the [Retiree Continuation of Group Health Insurance Coverage\(COBRA\) SFN 53799](#).
- B. Waive continuation of your CURRENT level of coverage through NDPERS, complete the [Retiree Continuation of Group Health Insurance Coverage \(COBRA\) SFN 53799](#).
- C. Continue NDPERS coverage but at a REDUCED level, complete the [Retiree Continuation of Group Health Insurance Coverage COBRA\) SFN 53799](#) **AND** the [Retiree Group Health Insurance Application SFN 16277](#).
- D. Apply for New Coverage through NDPERS, complete the [Retiree Group Health Insurance Application SFN 16277](#). If you and/or your spouse/dependents are Medicare eligible, each of you must complete a Medicare Blue Rx application. If required, the application will be mailed to you.
- E. Waive New Coverage through NDPERS, complete the [Retiree Group Health Insurance Application SFN 16277](#).
- F. Continue coverage through NDPERS, **BUT** you and/or your spouse/dependent(s) are Medicare eligible, complete the [Retiree Group Health Insurance Application SFN 16277](#) and Medicare Blue Rx application. If Medicare eligible, each of you must complete a Medicare Blue Rx application. If required, the application will be mailed to you.

## **3. GROUP LIFE INSURANCE**

Read the “[Life Insurance Continuation](#)” sheet carefully before proceeding.

### **Choose one of the following options:**

- A. Continue CURRENT level of coverage through NDPERS, complete the [Retiree Life Insurance Application SFN 53622](#).
- B. Waive CURRENT level of coverage through NDPERS, complete the [Retiree Life Insurance Application SFN 53622](#). Complete the [Prudential Application](#)

[for Conversion of Group Life Insurance](#) if you wish to obtain cost information to convert your supplemental & dependent term life insurance to an individual policy with the life insurance carrier.

- C. Continue coverage through NDPERS **BUT** at a REDUCED level, complete the [Retiree Life Insurance Application SFN 53622](#).

If continuing life insurance, also update your designation of beneficiary on the [Retiree Life Insurance Application SFN 53622](#).

For premium information see the [Life Insurance Rate Chart](#).

#### **4. GROUP DENTAL INSURANCE**

Read the “[Retiree Dental Coverage](#)” sheet carefully before proceeding.

**Choose one of the following options:**

- A. Continue CURRENT level of coverage through NDPERS, complete the [Retiree Continuation of Group Dental Insurance Coverage \(COBRA\) SFN 53800](#).
- B. Waive continuation of your current coverage through NDPERS, complete the [Retiree Continuation of Group Dental Insurance Coverage \(COBRA\) SFN 53800](#).
- C. Continue coverage through NDPERS **BUT** at a REDUCED level, complete the [Retiree Continuation of Group Dental Insurance Coverage \(COBRA\) SFN 53800](#) **AND** the [Retiree Dental Insurance Enrollment/Change SFN 53504](#).
- D. Apply for New Coverage through NDPERS, complete the [Retiree Dental Insurance Enrollment/Change SFN 53504](#).
- E. Waive New Coverage through NDPERS, complete the [Retiree Dental Insurance Enrollment/Change SFN 53504](#).

#### **5. GROUP VISION INSURANCE**

Read the “[Retiree Vision Coverage](#)” sheet carefully before proceeding

**Choose one of the following options:**

- A. Continue CURRENT level of coverage through NDPERS, complete the [Retiree Continuation of Group Vision Insurance Coverage \(COBRA\) SFN 53801](#).
- B. Waive continuation of your current coverage through NDPERS, complete the [Retiree Continuation of Group Vision Insurance Coverage \(COBRA\) SFN 53801](#).
- C. Continue coverage through NDPERS **BUT** at a REDUCED level, complete the [Retiree Continuation of Group Vision Insurance Coverage \(COBRA\) SFN 53801](#).

- D. Apply for New Coverage through NDPERS, complete the [Retiree Vision Insurance Enrollment/Change SFN 53505](#).
- E. Waive New Coverage through NDPERS, complete the [Retiree Vision Insurance Enrollment/Change SFN 53505](#).

## **6. COBRA NOTIFICATION LETTER**

Federal COBRA Law: The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that employers provide employees and their dependents who lose their eligibility to participate in a Group Health, Group Dental and Group Vision insurance plan an opportunity to continue comparable coverage at their own expense.

## **7. GROUP INSURANCE PAYMENT METHODS**

If your group insurance(s) is/are not deducted from an annuity payment, it is NDPERS policy that your premium(s) be deducted from a Bank Account. Complete the [Automatic Premium Deduction SFN 50134](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.

## **8. GROUP LONG TERM CARE PLAN**

Read the "[Long-Term Care Coverage](#)" sheet carefully before proceeding

- A. Continue coverage through UNUM/NDPERS, complete the [UNUM Election for Portable Coverage](#). Complete within in 31 days from last day of employment.
- B. Apply for New Coverage through UNUM/NDPERS, read the "[Retiree Long Term Care Coverage Sheet](#)" to obtain information.

## **9. FLEXCOMP BENEFITS**

Continuation of Coverage in a Medical Spending Account (COBRA)

Federal COBRA Law: The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows you the opportunity to extend your participation in the NDPERS Medical Spending Account to the end of the current plan year.

Read the "[FlexComp Notice of Termination](#)" sheet carefully before proceeding

**Choose one of the following options:**

- A. Continue NDPERS Medical Spending Account participation, complete the [Continuation of Coverage in a Medical Spending Account \(COBRA\) SFN 53512](#).
- B. Waive NDPERS Medical Spending Account participation, complete the [Continuation of Coverage in a Medical Spending Account \(COBRA\) SFN 53512](#).

## **10. DEFERRED COMPENSATION PLAN**

Read the “The Deferred Compensation Plan Termination Notice” sheet carefully before proceeding.

## **11. EMPLOYEE ASSISTANCES PROGRAM**

Cancels automatically.

# CHECKLIST



	FORM NAME	SFN #
<input type="checkbox"/>	NOTICE OF STATUS OR EMPLOYMENT CHANGE	<a href="#">53611</a>
<input type="checkbox"/>	NDPERS REQUEST FOR BENEFIT INFORMATION	<a href="#">53603</a>
<input type="checkbox"/>	APPLICATION FOR RETIREMENT BENEFITS	<a href="#">2562</a>
<input type="checkbox"/>	APPLICATION FOR THE PARTIAL LUMP SUM OPTION – DEFINED BENEFIT	<a href="#">54373</a>
<input type="checkbox"/>	LEGIBLE PHOTOCOPIES OF BIRTH CERTIFICATE, SPOUSE'S BIRTH CERTIFICATE & MARRIAGE CERTIFICATE	
<input type="checkbox"/>	DESIGNATION OF BENEFICIARY FOR THE GROUP RETIREMENT PLAN	<a href="#">2560</a>
<input type="checkbox"/>	AUTHORIZATION FOR DIRECT DEPOSIT FOR ANNUITY PAYMENT	<a href="#">18379</a>
<input type="checkbox"/>	FORM W-4P (SUBSTITUTE) TAX WITHHOLDING CERTIFICATE	<a href="#">51506</a>
<input type="checkbox"/>	CONTINUATION OF GROUP HEALTH INSURANCE COVERAGE (COBRA)	<a href="#">53799</a>
<input type="checkbox"/>	RETIREE GROUP HEALTH INSURANCE APPLICATION	<a href="#">16277</a>
<input type="checkbox"/>	RETIREE LIFE INSURANCE APPLICATION	<a href="#">53622</a>
<input type="checkbox"/>	PRUDENTIAL CONVERSION INFORMATION REQUEST FORM	
<input type="checkbox"/>	RETIREE CONTINUATION OF GROUP DENTAL COVERAGE (COBRA)	<a href="#">53800</a>
<input type="checkbox"/>	RETIREE DENTAL INSURANCE ENROLLMENT/CHANGE	<a href="#">53504</a>
<input type="checkbox"/>	RETIREE CONTINUATION OF GROUP VISION INSURANCE COVERAGE (COBRA)	<a href="#">53801</a>
<input type="checkbox"/>	RETIREE VISION INSURANCE ENROLLMENT/CHANGE	<a href="#">53505</a>
<input type="checkbox"/>	AUTHORIZATION FOR AUTOMATIC PREMIUM DEDUCTION	<a href="#">50134</a>
<input type="checkbox"/>	UNUM ELECTION FOR PORTABLE COVERAGE	
<input type="checkbox"/>	CONTINUATION OF COVERAGE IN MEDICAL SPENDING ACCOUNT (COBRA)	<a href="#">53512</a>

# GROUP RETIREMENT PLAN



Effective July 1, 2005 – June 30, 2007

To be eligible for benefits listed on this sheet, you must terminate employment. The Administrative Code Chapter 71-02-01-01(24) states: "Termination of employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence does not constitute termination of employment.

## DEFINED BENEFIT PLAN:

### **ELIGIBILITY**

You are eligible to receive NDPERS retirement benefits upon termination of employment if:

- ✓ you are age 55 or older and have 3 years of eligible service credit; **or**
- ✓ you meet the Rule of 85; **or**
- ✓ you have attained age 65 while actively employed with a NDPERS participating agency.

Eligible service credit may include dual service.

See the [NDPERS Group Retirement Plan](#) handbook for specific information on early retirement reductions, the Rule of 85, eligible service credit, and dual service.

### **DEFERRED VESTED BENEFIT**

If you have at least 36 months of service when you terminate employment you can apply for the Deferred Vested Benefit. Under this option you leave your account balance with NDPERS until you either take it out as a refund/rollover or you begin receiving a monthly benefit. You must complete a [NDPERS Deferred Retirement Kit SFN 53724](#) to elect this option.

### **APPLICATION**

You must complete a [NDPERS Retirement Kit SFN 53723](#), and submit a copy of your birth certificate, and if married, your spouse's birth certificate, and marriage certificate in order to receive your benefits.

You may apply by contacting your agency's payroll office approximately 60 days before your last date of service. Your employer **MUST** complete the [Notice Of Status Or Employment Change SFN 53611](#). This form **MUST** be submitted with your completed RETIREMENT KIT SFN 53723, and **MUST** be filed with NDPERS 30 days prior to actually leaving employment. Your retirement effective date will be the first of the month following your last date of service or last date of pay, whichever is later. You can expect to receive your first benefit check the month following your effective date, PROVIDING THAT ALL THE REQUIRED INFORMATION HAS BEEN RECEIVED AND IS COMPLETE.

### **BENEFIT AMOUNT**

How much will you receive? Your NDPERS retirement benefit amount is based upon the following calculation:

Final Average Salary X Benefit Multiplier X Years of Service Credit

**FINAL AVERAGE SALARY** is the average of your highest salaries in 36 of the last 120 months you worked.

**BENEFIT MULTIPLIER** is the rate established by the legislature at which you earn benefits and is currently 2.00%.

Eligible **SERVICE CREDIT** is the amount of service you have accumulated under NDPERS for retirement purposes.

## **RETIREMENT OPTIONS**

There are six different retirement options available to choose from when you retire. Keep in mind that each payment option will pay YOU the member for as long as you live. You cannot change your retirement option once you have cashed your first retirement payment.

- **SINGLE LIFE OPTION:** This option provides the greatest benefit amount. There is no monthly income provision for your beneficiary. If you should die while receiving retirement benefits, your beneficiary will get a lump sum payment of the balance of your member account, if any balance remains.
- **50% JOINT & SURVIVOR OPTION:** This amount is actuarially reduced based upon your age and the age of your spouse. Upon your death, your spouse will receive 50% of your monthly benefit payment for his/her lifetime. If your spouse dies first, upon notice to NDPERS, your benefit will be adjusted back to the single life option amount. If this benefit option is selected, it will be necessary for you to submit a copy of your spouse's birth certificate and your marriage certificate with your retirement application.
- **100% JOINT & SURVIVOR OPTION:** This amount is actuarially reduced based upon your age and the age of your spouse. Upon your death, your spouse will receive 100% of your monthly benefit payment for his/her lifetime. If your spouse dies first, upon notice to NDPERS, your benefit will be adjusted back to the single life option amount. If this benefit option is selected, it will be necessary for you to submit a copy of your spouse's birth certificate and your marriage certificate with your retirement application.
- **TWENTY (20) YEAR TERM CERTAIN:** This amount is reduced based upon actuarial factors. If you should die within the first twenty years of your retirement, your beneficiary will continue to receive monthly payments of the same amount until the end of the twenty year term. If you die after receiving the benefit for twenty years, there will be no further benefit payments made to your beneficiary.
- **TEN (10) YEAR TERM CERTAIN:** This amount is reduced based upon actuarial factors. If you should die within the first ten years of your retirement, your beneficiary will continue to receive monthly payments of the same amount until the end of the ten year term. If you die after receiving benefits for ten years, there will be no further benefit payments made to your beneficiary.
- **LEVEL SOCIAL SECURITY OPTION:** This option is only available to those who retire before age 62 or no later than full retirement age as set by the Social Security

Administration. This option does not provide monthly income to your beneficiary in the event of your death.

This option coordinates with your Social Security benefits to provide a level income, both before you are eligible to draw Social Security benefits and after you begin receiving benefits from Social Security. Under this option, you may choose to begin receiving Social Security benefits at an age no earlier than 62 and no later than full retirement age as specified by Social Security. Your NDPERS benefit will be reduced automatically at the age you selected to begin receiving Social Security benefits. If you select this retirement option, it will be necessary for you to submit a benefit estimate from Social Security that is less than 6 months old with your retirement application.

- **PARTIAL LUMP SUM OPTION (PLSO):** This option is only available to those who retire at or after full retirement age. This option is NOT available to members who select the Social Security Level Income Option, members receiving disability benefits, or to beneficiaries of deceased members.

This option allows you to take a partial lump sum distribution equal to 12 monthly payments of the Single Life Option and is payable at the same time as your first monthly retirement benefit. You will still be eligible to select a joint and survivor or term certain option as your ongoing retirement benefit. The ongoing retirement benefit will be actuarially reduced in exchange for the partial lump sum payment.

The lump sum payment will be eligible to rollover to an IRA or another eligible retirement plan. If not rolled over, the lump sum is taxed as ordinary income and subject to an automatic 20% federal withholding. If you are under age 59 ½, you may be subject to a 10% penalty tax for early withdrawal. See “Special Tax Notice Regarding Plan Payments”.

## **CONVERTING SICK LEAVE**

At termination, you may purchase all or part of your sick leave for retirement service credit. One month of service credit may be converted for each 173.3 hours of unused sick leave.

The cost to purchase sick leave is determined by taking 9.12% of your Final Average Salary times the number of months being converted. The payment amount will be calculated by NDPERS, after your termination. Payment must be made within 60 days of your termination date, and must be made before you receive a retirement benefit payment. If you are to begin receiving your retirement benefit payment the month following your final employment date or pay date, the sick leave payment will be requested 15 days after the last date of service pay.

## **FEDERAL LIMITATIONS**

Certain types of purchase payments may be subject to limitations established in the Internal Revenue Code Section 415(c). Current law may limit after-tax employee contributions into the retirement plan. NDPERS will notify you if federal limits apply to your purchase payment(s).

## DEFINED CONTRIBUTION PLAN:

### **APPLICATION**

You may apply by contacting your agency's payroll office approximately 60 days before your last date of service. Your employer **MUST** complete the [NOTICE OF STATUS OR EMPLOYMENT CHANGE SFN 53611](#). This form **MUST** be submitted with your completed NDPERS Retirement Kit and Fidelity Investments Distribution Kit, and **MUST** be filed with NDPERS 30 days prior to actually leaving employment.

#### Deferred Member Account Balance

When you terminate employment, you can apply to defer your entire vested Account balance. Under this option you leave your Account balance with the Trustee Company until you either take it out as a lump sum or periodic distribution. If you choose this option, you and your employer must complete a [NDPERS Deferred Retirement Kit SFN 53724](#) to elect this option.

#### Lump sum distributions

If you elect this option, your entire vested Account balance will be paid to you as a lump-sum distribution. You may elect to roll this lump-sum distribution into another eligible employer plan or a traditional IRA. If you choose this option you will need to complete a [NDPERS Refund/Rollover Kit SFN 53725](#) and a **"Fidelity Investments Distribution Kit"**.

#### Periodic distributions

If you elect this option, your vested Account balance will be paid to you in monthly, quarterly, semiannual, or annual periodic payments until your account is exhausted. If you choose this option you will need to complete a [NDPERS Retirement Kit SFN 53723](#) and a **"Fidelity Investments Distribution Kit"**.

### **Distributions will be subject to the following rules:**

#### 1.) Cash Distribution

Any taxable distribution paid by the Trustee Company directly to you will be subject to mandatory Federal income tax withholding of 20% of the requested distribution. You cannot elect out of this tax withholding but you can avoid it by electing a direct rollover distribution. This withholding is not a penalty but rather a prepayment of your Federal income taxes, although there may also be an IRS penalty assessed in certain circumstances. If you are under age 59 1/2 at the time the distribution occurs, you will be subject to a 10% penalty at the time you file your income tax return for the year in which you took the distribution.

#### 2.) Direct Rollover Distribution

As an alternative to a cash distribution, you may request that your entire distribution be rolled directly into an IRA or into another employer's eligible plan (if it accepts rollover contributions); Federal income taxes will not be withheld on any direct rollover distribution.

a.) Rollover to an IRA – You must complete a **Qualified Plan Distribution Form** and indicate the name and address of the custodian or trustee, and account number for your IRA. After authorizing your distribution, the Plan Administrator will forward the form to the

Trustee Company. A check will be issued by the Trustee Company payable to the IRA custodian or trustee for your benefit. The check will contain the notation 'Direct Rollover' and it will be mailed directly to you. You will be responsible for forwarding it on to the custodian or trustee. You must provide NDPERS with complete information to facilitate your direct rollover distribution.

*b.) Rollover to Another Eligible Employer Plan* – You should check with your new employer to determine if its plan will accept rollover contributions. If allowed, then you must complete a **Qualified Plan Distribution Form** and indicate the name, address and plan number of your new employer's qualified plan. After authorizing your distribution, the Plan Administrator will forward the form to the Trustee. A check will be issued by the Trustee Company payable to the trustee of your new eligible employer plan. The check will contain the notation 'Direct Rollover' and it will be mailed directly to you. You will be responsible for forwarding it on to the new trustee. You must provide NDPERS with complete information to facilitate your direct rollover distribution.

*3.) Combination Cash Distribution and Direct Rollover Distribution*

You may request that part of your distribution be paid directly to you and the balance to be directly rolled into an IRA or your eligible employer Plan. Any cash distribution you receive will be subject to the Federal income tax withholding rules referred to in (1). Any direct rollover distribution will be made in accordance with (2).

You will pay income tax on the amount of any taxable distribution you receive from the Plan unless it is rolled into an IRA or your eligible employer plan. A 10% IRS premature distribution penalty tax may also apply to your taxable distribution unless it is rolled into an IRA or another eligible plan. The 20% Federal income tax withheld under this section may not cover your entire income tax liability.

If your vested account balance is less than \$5,000, the entire amount will be automatically distributed to you unless you request in writing within 120 days after termination, that the vested account balance remain in the Plan.

## DEFINED BENEFIT & DEFINED CONTRIBUTION:

### **RETIREE HEALTH INSURANCE**

The NDPERS DAKOTA PLAN & DAKOTA RETIREE PLAN Health Insurance is available to you even if your employer did not participate in the Dakota Plan prior to your retirement. To apply for health insurance coverage when retiring, complete a [Group Health Insurance Application SFN 16277](#).

You may enroll in the Dakota Plan or Dakota Retiree Plan without evidence of insurability if you do so within 31 days of retirement or during the eligible qualifying events. Please refer to the “Dakota Plan” & “Dakota Retiree Plan” sheet for qualifying events and premium information. Anyone age 65 or older **MUST** have both Part A and B of Medicare to be eligible to enroll in the Dakota Retiree Plan.

### **RETIREE HEALTH CREDIT**

The Retiree Health Insurance Credit Program offers you a credit which reduces your health insurance premiums upon retirement. This credit can only be used if you choose to participate in the NDPERS Dakota Plan or Dakota Retiree Plan and are drawing a monthly NDPERS or NDHPRS benefit payment. ***Defined Contribution Plan members must be at least 55 years old or meet the Rule of 85 and receiving a periodic distribution from the trustee company. The retiree health credit is only applied toward health insurance premiums as long as you are receiving a periodic distribution.***

You receive \$4.50 for every year of retirement service credit, subject to REDUCTION FOR EARLY RETIREMENT. Your retiree health insurance credit will not be reduced if you are age 65, meet the Rule of 85 or are receiving NDPERS Disability retirement benefits. Your credit will be applied automatically when you retire and participate in the Dakota Plan or Dakota Retiree Plan.

Under the **Standard Option**, upon your death, your retiree health insurance credit will be transferred to your surviving spouse if your surviving spouse receives a monthly payment from NDPERS and participates in the Dakota Plan. He or she can use the health insurance credit for as long as the benefit payments continue.

Under the **Alternate Health Credit Option**, if you are married and choose a Single Life, Ten or Twenty Year Term Certain, or Level Social Security retirement option, you now have the opportunity to elect an alternate form of retiree health insurance credit. You may now choose an actuarially reduced 50% or 100% Joint & Survivor retiree health credit option that applies only to the health credit portion of your retirement benefits.

The alternate option is actuarially reduced based upon your age and the age of your spouse. If you elect an alternate health credit option, upon your death, your surviving spouse will receive a health insurance credit amount, if covered by the Dakota Plan or Dakota Retiree Plan, for the spouse's lifetime.

### **GROUP INSURANCE PAYMENT**

**DEFINED BENEFIT** - If your benefit payment is greater than the balance of insurance premium due, the premium will be deducted from your benefit payment. If the premium is greater than

your pension amount, you may be billed direct, or you may have your premiums automatically deducted from your bank account by completing an [Automatic Premium Deduction SFN 50134](#).

**DEFINED CONTRIBUTION** - You may have your premiums automatically deducted from your bank account by completing an [Automatic Premium Deduction SFN 50134](#).

## **TAX WITHHOLDING**

Whether you should have taxes withheld depends upon your financial situation. You have the option of having federal and North Dakota state income taxes withheld from your monthly benefit payment. At the time of your retirement, NDPERS will have you complete a [W-4P Withholding Certificate SFN 51506](#). You may elect not to have income tax withheld from your pension payment by using the same form. You may change your tax withholding election at any time, and as often as you wish.

Questions about the amount of taxes to withhold or the need for tax deduction should be directed to a professional tax consultant.

If you do not have federal income tax withheld from your benefit payment, you cannot have ND state income tax withheld. You can choose a specific amount for federal withholding, but the ND state tax amount to be deducted is not flexible and will be 21% of federal tax being withheld, if elected.

***DEFINED BENEFIT PLAN:*** In January each year, NDPERS will send you a 1099-R form showing the total annuity paid, the taxable and non-taxable amount and the total deductions for federal and North Dakota state income tax. The 1099-R form is to be used in filing your annual income tax return.

***DEFINED CONTRIBUTION PLAN:*** In January each year, the Trustee Company will send you a 1099-R form showing the total annuity paid, the taxable and non-taxable amount and the total deductions for federal and North Dakota state income tax. The 1099-R form is to be used in filing your annual income tax return.

## **DIRECT DEPOSIT**

***DEFINED BENEFIT-***After receiving your first check, you may have your monthly payment sent directly to your checking or savings account through Direct Deposit. You and your bank must complete a NDPERS [Authorization for Direct Deposit For Annuity Payment SFN 18379](#), 30 days before the date of deposit. To change banks or accounts, simply complete a new direct deposit form with the new financial institution. NDPERS will not accept alternate Direct Deposit forms. Deposits are electronically sent for deposit the first working day of each month. You will receive a QUARTERLY statement of the deposits made.

***DEFINED CONTRIBUTION-***Authorization for Direct Deposit, as well as terms and conditions, is in the **“Fidelity Investments Distribution Kit”**

## **RETURN TO SERVICE AFTER RETIREMENT**

- a. If you return to permanent employment with a NDPERS participating employer, your hours of employment must be restricted if you wish to continue receiving your pension

payment. Your employment must be limited to less than 20 hours per week if employed 20 weeks or more per year.

If you are employed for 20 or more hours a week for 20 or more weeks per year then your retirement benefit will be suspended. Upon termination of employment, you may resume retirement benefit. Your previous retirement account will be combined with your current service.

- b. If you are eligible for normal retirement (Rule of 85 or 65) and accept a retirement benefit and become reemployed with a NDPERS participating employer other than the employer with which you were employed at the time you retired, you may, before reenrolling in the retirement plan, elect to permanently waive future participation in the Defined Benefit plan and the Retiree Health Insurance Credit program.

If you make this election you are not required to make any future employee contributions to NDPERS nor is your employer required to make any further contributions on your behalf.

Under N.D.C.C. 54-52-01 (8), a “Governmental unit” means the state of North Dakota, except the highway patrol for members of the retirement plan created under chapter 39-03.1, or a participating political subdivision thereof. Therefore, North Dakota state agencies are considered one employer group and any member retiring with one state agency and becoming reemployed with another state agency would not be eligible for this return to work provision.

The following retired members may be eligible for this provision:

<b>Past Employer</b>	<b>New Employer</b>
State	Political Subdivision
Political Subdivision	State
Political Subdivision	Political Subdivision

# SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS



This notice contains important information you will need before you decide how to receive your benefits from the North Dakota Public Employees Retirement System, referred to as the "Plan".

This notice is provided by the North Dakota Public Employees Retirement System because all or part of the payment that you will soon receive from the Plan may be eligible for rollover to a traditional IRA or an eligible employer plan. A "traditional IRA" does not include a Roth IRA, SIMPLE IRA, or education IRA. An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

An eligible employer plan is not required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions, such as after-tax amounts. If this is the case, and your distribution includes after-tax amounts, you may wish instead to roll your distribution over to traditional IRA or split your rollover amount between the employer plan in which you participate and a traditional IRA. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

If you have additional questions after reading this notice, you can contact the North Dakota Public Employees Retirement System at (701) 328-3900 or toll free (800) 803-7377.

## SUMMARY

A payment from the Plan that is eligible for "rollover" can be taken in two ways. You can have all or any portion of your payment either **1) PAID IN A "DIRECT ROLLOVER"** or **2) PAID TO YOU**. A rollover is a payment of your Plan benefits to your traditional individual retirement arrangement (IRA) or to another employer plan. This choice will affect the tax you owe.

If you choose a **DIRECT ROLLOVER**:

- ◆ Your payment will not be taxed in the current year and no income tax will be withheld.
- ◆ Your payment will be made directly to your traditional IRA or, if you choose, to another employer plan that accepts your rollover. Your Plan payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or an education IRA because these are not traditional IRAs.

- ◆ The taxable portion of your payment will be taxed later when you take it out of the traditional IRA or the employer plan. Depending on the type of plan, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this Plan.

If you choose to have your Plan benefits **PAID TO YOU**:

- ◆ You will receive only 80% of the payment, because the Plan administrator is required to withhold 20% of the payment and send it to the IRS as income tax withholding to be credited against your taxes.
- ◆ The taxable amount of your payment will be taxed in the current year unless you roll it over. You may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before age 59 1/2, you also may have to pay an additional 10% tax.
- ◆ You can roll over all or part of the payment by paying it to your traditional IRA or to another employer plan that accepts your rollover within 60 days of receiving the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or employer plan.
- ◆ If you want to roll over 100% of the payment to a traditional IRA or an employer plan, you must find other money to replace the 20% that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

### **Your Right to Waive the 30-Day Notice Period.**

Generally, neither a direct rollover nor a payment can be made from the plan until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the Plan administrator.

### **I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER**

Payments from the Plan may be "eligible rollover distributions". This means that they can be rolled over to a traditional IRA or to another employer plan that accepts rollovers. Payments from a plan cannot be rolled over to a Roth IRA, a SIMPLE IRA, or an education IRA. Your Plan administrator will be able to tell you what portion of your payment is an eligible rollover distribution.

**After-tax Contributions.** If you made after-tax contributions to the Plan, these contributions may be rolled over into either a traditional IRA or to certain employer plans that accept rollovers of after-tax contributions. The following rules apply:

- a. Rollover into a Traditional IRA. You can roll over your after-tax contributions to a traditional IRA either directly or indirectly. Your plan administrator will be able to tell you how much of your payment is the taxable portion and how much is the after-tax portion.

If you roll over after-tax contributions to a traditional IRA, it is your responsibility to keep track of, and report to the Service on the applicable forms, the amount of these after-tax contributions. This will enable the nontaxable amount of any future distributions from the traditional IRA to be determined.

Once you roll over your after-tax contributions to a traditional IRA, those amounts CANNOT later be rolled over to an employer plan.

- b. Rollover into an Employer Plan. You can roll over after-tax contributions from an employer plan that is qualified under Code section 401(a) or a section 403(a) annuity plan to another such plan using a direct rollover if the other plan provides separate accounting for amounts rolled over, including separate accounting for the after-tax employee contributions and earnings on those contributions. You can also roll over after-tax contributions from a section 403(b) tax-sheltered annuity to another section 403(b) tax-sheltered annuity using a direct rollover if the other tax-sheltered annuity provides separate accounting for amounts rolled over, including separate accounting for the after-tax employee contributions and earnings on those contributions. You CANNOT roll over after-tax contributions to a governmental 457 plan. If you want to roll over your after-tax contributions to an employer plan that accepts these rollovers, you cannot have the after-tax contributions paid to you first. You must instruct the Plan administrator of this Plan to make a direct rollover on your behalf. Also, you cannot first roll over after-tax contributions to a traditional IRA and then roll over that amount into an employer plan.

The following types of payments **cannot** be rolled over:

**Payments Spread Over Long Periods.** You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for

- ◆ your life expectancy, or
- ◆ your life expectancy and your beneficiary's life expectancies, or
- ◆ a period of ten years or more.

**Required Minimum Payments.** Beginning in the year you reach age 70 1/2 after you have terminated employment, a certain portion of your payment cannot be rolled over because it is a "required minimum payment" that must be paid to you under federal tax law.

## **II. DIRECT ROLLOVER**

You can choose a direct rollover of all or any portion of your payment that is an "eligible rollover distribution", as described above. In a direct rollover, the eligible rollover distribution is paid directly from the Plan to a traditional IRA or another employer plan that accepts rollovers. If you choose a direct rollover, you are not taxed on a payment until you later take it out of the traditional IRA or the employer plan.

**Direct Rollover to a traditional IRA.** You can open a traditional IRA to receive the direct rollover. The term "IRA", as used in this notice, includes individual retirement accounts and individual retirement annuities. If you choose to have your payment made directly to a traditional

IRA, contact a traditional IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct

rollover to a traditional IRA at the institution. If you are unsure of how to invest your money, you can temporarily establish a traditional IRA to receive the payment. However, in choosing a traditional IRA, you may wish to consider whether the traditional IRA you choose will allow you to move all or a part of your payment to another traditional IRA at a later date, without penalties or other limitations. See IRS Publication 590, Individual Retirement Arrangements, for more information on traditional IRAs (including limits on how often you can roll over between IRAs).

**Direct Rollover to a New Employer's Plan.** If you are employed by a new employer that has an eligible employer plan, and you want a direct rollover to that plan, ask the administrator for that plan whether it will accept your rollover. A qualified employer plan is not legally required to accept a rollover. If your new employer's plan does not accept a rollover, you can choose a direct rollover to a traditional IRA. If the employer plan accepts your rollover, the plan may provide restrictions on the circumstances under which you may later receive a distribution of the rollover amount or may require spousal consent to any subsequent distribution. Check with the plan administrator of that plan before making your decision.

**Direct Rollover of a Series of Payments.** If you receive eligible rollover distributions that are paid in a series for less than ten years, your choice to make a direct rollover for a payment will apply to all later payments in the series until you change your election. You are free to change your election for any later payment in the series.

**Change in Tax Treatment Resulting from a Direct Rollover.** The tax treatment of any payment from the eligible employer plan or traditional IRA receiving your direct rollover might be different than if you received your benefit in a taxable distribution directly from the Plan. For example, if you were born before January 1, 1936, you might be entitled to ten-year averaging or capital gains treatment, as explained below.

However, if you have your benefit rolled over to a section 403(b) tax-sheltered annuity, a governmental 457 plan, or a traditional IRA in a direct rollover, your benefit will no longer be eligible for that special treatment. See the sections below entitled "Additional 10% Tax If You Are Under Age 59 1/2" and "Special Tax Treatment If You Were Born Before January 1, 1936."

### **III. PAYMENT PAID TO YOU**

If you have the payment made to you, it is subject to 20% income tax withholding on the taxable portion. The payment is taxed in the year you receive it unless, within 60 days, you roll it over to a traditional IRA or another plan that accepts rollovers. If you do not roll it over, special rules may apply.

#### **Income tax withholding**

**Mandatory withholding.** If any portion of the payment to you is an eligible rollover distribution, the Plan is required by law to withhold 20% of that amount. This amount is sent to the IRS as income tax withholding. For example, if your eligible rollover distribution is \$10,000, only \$8,000 will be paid to you because the plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, you will report the full \$10,000 as a payment from the

Plan. You will report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year.

**Voluntary withholding.** If any portion of your payment is taxable but cannot be rolled over, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, 10% will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the Plan administrator for the election form and related information.

**Sixty-Day Rollover Option.** If you have an eligible rollover distribution paid to you, you can still decide to roll over all or part of it to a traditional IRA or another employer plan that accepts rollovers. If you decide to roll over, you must make the rollover within 60 days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out of the traditional IRA or the employer plan.

You can roll over up to 100% of the eligible rollover distribution, including an amount equal to the 20% that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the IRA or the employer plan to replace the 20% that was withheld. On the other hand, if you roll over only the 80% that you received, you will be taxed on the 20% that was withheld.

**Example:** Your eligible rollover distribution is \$10,000, and you choose to have it paid to you. You will receive \$8,000 and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to an IRA or employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the IRA or employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of the \$2,000 withheld.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)

**Additional 10% Tax If You Are Under Age 59 1/2.** If you receive a payment before you reach 59 1/2 and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment.

The additional 10% tax does not apply to your payment if it is [1] paid to you because you separated from service with your employer during or after the year you reach age 55, [2] paid because you retired due to disability, [3] paid to you as equal (or almost equal) payments over your life expectancy (or your and your beneficiary's life expectancies), [4] paid directly to the government to satisfy a federal tax levy, [5] paid to an alternate payee under a qualified domestic relations order, or [6] used to pay certain medical expenses. **See IRS Form 5329 for more information on the additional 10% tax.**

The additional 10% tax will not apply to distributions from a governmental 457 plan, except to the extent the distribution is attributable to an amount you rolled over to that plan (adjusted for investment returns) from another type of eligible employer plan or IRA. Any amount rolled over from a governmental 457 plan to another type of eligible employer plan or to a traditional IRA will

become subject to the additional 10% tax if it is distributed to you before you reach age 59 1/2, unless one of the exceptions applies.

**Special Tax Treatment If You Were Born Before January 1, 1936.** If your eligible rollover distribution is not rolled over, it will be taxed in the year you receive it. However, if it qualifies as a "lump sum distribution", it may be eligible for special tax treatment. A lump sum distribution is a payment, within one year, of your entire balance under the Plan (and certain other similar plans of the employer) that is payable to you because you have reached age 59 1/2 or have separated from service with your employer (or, in the case of a self-employed individual, because you have reached age 59 1/2 or have become disabled). For a payment to qualify as a lump sum distribution, you must have been a participant in the Plan for at least 5 years. The special tax treatment for lump sum distributions is described below.

**Ten-Year Averaging If You Were Born Before January 1, 1936.** If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure tax on the payment by using "10-year averaging" (using 1986 tax rates). Ten-year averaging often reduces the tax you owe.

**Capital Gain Treatment If You Were Born Before January 1, 1936.** In addition, if you receive a lump sum distribution and you were born before January 1, 1936, you may elect to have the part of your payment that is attributable to your pre-1974 participation in the Plan (if any) taxed as long-term capital gain at a rate of 20%.

There are other limits on the special tax treatment for lump sum distributions. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in that same year. You may not elect this special tax treatment if you rolled amounts into this Plan from a 403(b) tax-sheltered annuity contract or from an IRA not originally attributable to a qualified employer plan. If you have previously rolled over a payment from the Plan (or certain other similar plans of the employer), you cannot use this special tax treatment for later payments from the Plan. If you rollover your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, you will not be able to use this special tax treatment for later payments from the traditional IRA, plan or annuity. Also, if you roll over only a portion of your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, this special tax treatment is not available for the rest of the payment. Additional restrictions are described in **IRS FORM 4972**, which has more information on lump sum distributions and how you elect the special tax treatment.

#### **IV. SURVIVING SPOUSES, ALTERNATIVE PAYEES, AND OTHER BENEFICIARIES**

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees and to spouses or former spouses who are "alternate payees". You are an alternate payee if your interest in the Plan results from a "qualified domestic relations order", which is an order issued by a court, usually in connection with a divorce or legal separation.

If you are a surviving spouse or alternate payee, you may choose to have an eligible rollover distribution paid in a direct rollover to an IRA or to an eligible employer plan or paid to you. If you have the payments paid to you, you can keep it or roll it over yourself to an IRA or to an eligible employer plan. Thus, you have the same choices as the employee. If you are a beneficiary other

than the surviving spouse, you **cannot** choose a direct rollover and you **cannot** roll over the payment yourself.

If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is not subject to the additional 10% tax described in Section III above, even if you are younger than age 59 1/2.

If you are a surviving spouse, an alternate payee, or another beneficiary, you may be able to use the special tax treatment for lump sum distributions, as described in Section III above. If you receive a payment because of the employee's death, you may be able to treat the payments as a lump sum distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the Plan.

### **HOW TO OBTAIN ADDITIONAL INFORMATION**

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with a professional tax advisor before you take a payment of your benefits from the Plan. Also, you can find more specific information on the tax treatment of payments from qualified retirement plans in the IRS Publication 575, "Pension and Annuity Income", and IRS Publication 590, "Individual Retirement Arrangements". These publications are available from your local IRS office, on the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORMS.



**NDPERS REQUEST FOR BENEFIT INFORMATION**  
**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
SFN 53603 (Rev. 03/04)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

**COMPLETE AND SEND TO NDPERS TO RECEIVE A BENEFIT ESTIMATE**

<b>PART A      MEMBER INFORMATION</b>	
Name:	
Social Security Number:	
Address:	
City:	
State:	Zip Code + 4:
Daytime Phone:	
<b>PART B      RETIREMENT PROJECTION (PLEASE LIMIT TO 2 PROJECTIONS)</b>	
<input type="checkbox"/> Age 55 <input type="checkbox"/> Age 62 <input type="checkbox"/> Age 65 <input type="checkbox"/> Earliest Rule of 85	
<input type="checkbox"/> Other –Specify Date: _____ <input type="checkbox"/> Disability – Specify Date: _____	
<b>PART C      SICK LEAVE CONVERSION (LEAVE BLANK IF CONVERSION IS NOT DESIRED)</b>	
Number of hours of accumulated sick leave _____	

# DIRECT DEPOSIT BY AUTOMATED CLEARING HOUSE



(ACH)

ACH Direct Deposit service for the convenience of PERS benefit recipients

It is NDPERS Board's policy that all annuity payments are required to be direct deposited. This method of transferring funds is safe, secure and used nationwide. You do not have to change your current bank relationship to take advantage of this service. It is available through all banks, credit unions, savings and loans facilities and most other financial institutions.

## ADVANTAGES TO DIRECT DEPOSIT:

- The money will be there on time each month.
- Your worries about mail delays or stolen checks are over.
- You'll avoid waiting in long bank lines to cash or deposit checks.
- Your money will be deposited quicker – the first business day of each month, which allows you to access money more quickly than before.

To begin Direct Deposit, simply complete an [Authorization for Direct Deposit for Annuity Payments SFN 18379](#)

You must complete and sign the "Annuitant/Payee" part of the form.

Your bank must complete the "Financial Institution" part of the form.

Return the form to the PERS office by the 14<sup>th</sup> of any month. Your Direct Deposit of PERS benefit payments will begin the first of the following month, unless an alternate effective date is requested. **(Your FIRST benefit payment must be mailed to your home address).**

To change financial institutions or change ANY account information, just complete an [Authorization for Direct Deposit for Annuity Payments SFN 18379](#).

Every three months NDPERS will send you a "quarterly statement of deductions". This statement gives you a record of all monthly deductions made from your benefit payment before deposit. It also provides convenient year-to-date totals of all deductions and benefit payments for your records.

Direct Deposit is safe, convenient and easy. Benefit payments are deposited electronically into YOUR bank account.

There are no service fees charged by PERS for this service. It's free! However, you may have to check with your bank for any possible fees.

**SINGLE Persons—MONTHLY Payroll Period**  
**(For Wages Paid in 2006)**

If the wages are—		And the number of withholding allowances claimed is—										
At least	But less than	0	1	2	3	4	5	6	7	8	9	10
The amount of income tax to be withheld is—												
\$0	\$220	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
220	230	0	0	0	0	0	0	0	0	0	0	0
230	240	1	0	0	0	0	0	0	0	0	0	0
240	250	2	0	0	0	0	0	0	0	0	0	0
250	260	3	0	0	0	0	0	0	0	0	0	0
260	270	4	0	0	0	0	0	0	0	0	0	0
270	280	5	0	0	0	0	0	0	0	0	0	0
280	290	6	0	0	0	0	0	0	0	0	0	0
290	300	7	0	0	0	0	0	0	0	0	0	0
300	320	9	0	0	0	0	0	0	0	0	0	0
320	340	11	0	0	0	0	0	0	0	0	0	0
340	360	13	0	0	0	0	0	0	0	0	0	0
360	380	15	0	0	0	0	0	0	0	0	0	0
380	400	17	0	0	0	0	0	0	0	0	0	0
400	420	19	0	0	0	0	0	0	0	0	0	0
420	440	21	0	0	0	0	0	0	0	0	0	0
440	460	23	0	0	0	0	0	0	0	0	0	0
460	480	25	0	0	0	0	0	0	0	0	0	0
480	500	27	0	0	0	0	0	0	0	0	0	0
500	520	29	1	0	0	0	0	0	0	0	0	0
520	540	31	3	0	0	0	0	0	0	0	0	0
540	560	33	5	0	0	0	0	0	0	0	0	0
560	580	35	7	0	0	0	0	0	0	0	0	0
580	600	37	9	0	0	0	0	0	0	0	0	0
600	640	40	12	0	0	0	0	0	0	0	0	0
640	680	44	16	0	0	0	0	0	0	0	0	0
680	720	48	20	0	0	0	0	0	0	0	0	0
720	760	52	24	0	0	0	0	0	0	0	0	0
760	800	56	28	1	0	0	0	0	0	0	0	0
800	840	60	32	5	0	0	0	0	0	0	0	0
840	880	65	36	9	0	0	0	0	0	0	0	0
880	920	71	40	13	0	0	0	0	0	0	0	0
920	960	77	44	17	0	0	0	0	0	0	0	0
960	1,000	83	48	21	0	0	0	0	0	0	0	0
1,000	1,040	89	52	25	0	0	0	0	0	0	0	0
1,040	1,080	95	56	29	1	0	0	0	0	0	0	0
1,080	1,120	101	60	33	5	0	0	0	0	0	0	0
1,120	1,160	107	66	37	9	0	0	0	0	0	0	0
1,160	1,200	113	72	41	13	0	0	0	0	0	0	0
1,200	1,240	119	78	45	17	0	0	0	0	0	0	0
1,240	1,280	125	84	49	21	0	0	0	0	0	0	0
1,280	1,320	131	90	53	25	0	0	0	0	0	0	0
1,320	1,360	137	96	57	29	2	0	0	0	0	0	0
1,360	1,400	143	102	61	33	6	0	0	0	0	0	0
1,400	1,440	149	108	67	37	10	0	0	0	0	0	0
1,440	1,480	155	114	73	41	14	0	0	0	0	0	0
1,480	1,520	161	120	79	45	18	0	0	0	0	0	0
1,520	1,560	167	126	85	49	22	0	0	0	0	0	0
1,560	1,600	173	132	91	53	26	0	0	0	0	0	0
1,600	1,640	179	138	97	57	30	2	0	0	0	0	0
1,640	1,680	185	144	103	62	34	6	0	0	0	0	0
1,680	1,720	191	150	109	68	38	10	0	0	0	0	0
1,720	1,760	197	156	115	74	42	14	0	0	0	0	0
1,760	1,800	203	162	121	80	46	18	0	0	0	0	0
1,800	1,840	209	168	127	86	50	22	0	0	0	0	0
1,840	1,880	215	174	133	92	54	26	0	0	0	0	0
1,880	1,920	221	180	139	98	58	30	3	0	0	0	0
1,920	1,960	227	186	145	104	62	34	7	0	0	0	0
1,960	2,000	233	192	151	110	68	38	11	0	0	0	0
2,000	2,040	239	198	157	116	74	42	15	0	0	0	0
2,040	2,080	245	204	163	122	80	46	19	0	0	0	0
2,080	2,120	251	210	169	128	86	50	23	0	0	0	0
2,120	2,160	257	216	175	134	92	54	27	0	0	0	0
2,160	2,200	263	222	181	140	98	58	31	3	0	0	0
2,200	2,240	269	228	187	146	104	63	35	7	0	0	0
2,240	2,280	275	234	193	152	110	69	39	11	0	0	0
2,280	2,320	281	240	199	158	116	75	43	15	0	0	0
2,320	2,360	287	246	205	164	122	81	47	19	0	0	0
2,360	2,400	293	252	211	170	128	87	51	23	0	0	0
2,400	2,440	299	258	217	176	134	93	55	27	0	0	0

**SINGLE Persons—MONTHLY Payroll Period**  
(For Wages Paid in 2006)

If the wages are—		And the number of withholding allowances claimed is—										
At least	But less than	0	1	2	3	4	5	6	7	8	9	10
The amount of income tax to be withheld is—												
\$2,440	\$2,480	\$305	\$264	\$223	\$182	\$140	\$99	\$59	\$31	\$4	\$0	\$0
2,480	2,520	311	270	229	188	146	105	64	35	8	0	0
2,520	2,560	317	276	235	194	152	111	70	39	12	0	0
2,560	2,600	323	282	241	200	158	117	76	43	16	0	0
2,600	2,640	329	288	247	206	164	123	82	47	20	0	0
2,640	2,680	335	294	253	212	170	129	88	51	24	0	0
2,680	2,720	343	300	259	218	176	135	94	55	28	0	0
2,720	2,760	353	306	265	224	182	141	100	59	32	4	0
2,760	2,800	363	312	271	230	188	147	106	65	36	8	0
2,800	2,840	373	318	277	236	194	153	112	71	40	12	0
2,840	2,880	383	324	283	242	200	159	118	77	44	16	0
2,880	2,920	393	330	289	248	206	165	124	83	48	20	0
2,920	2,960	403	336	295	254	212	171	130	89	52	24	0
2,960	3,000	413	344	301	260	218	177	136	95	56	28	1
3,000	3,040	423	354	307	266	224	183	142	101	60	32	5
3,040	3,080	433	364	313	272	230	189	148	107	65	36	9
3,080	3,120	443	374	319	278	236	195	154	113	71	40	13
3,120	3,160	453	384	325	284	242	201	160	119	77	44	17
3,160	3,200	463	394	331	290	248	207	166	125	83	48	21
3,200	3,240	473	404	337	296	254	213	172	131	89	52	25
3,240	3,280	483	414	345	302	260	219	178	137	95	56	29
3,280	3,320	493	424	355	308	266	225	184	143	101	60	33
3,320	3,360	503	434	365	314	272	231	190	149	107	66	37
3,360	3,400	513	444	375	320	278	237	196	155	113	72	41
3,400	3,440	523	454	385	326	284	243	202	161	119	78	45
3,440	3,480	533	464	395	332	290	249	208	167	125	84	49
3,480	3,520	543	474	405	338	296	255	214	173	131	90	53
3,520	3,560	553	484	415	346	302	261	220	179	137	96	57
3,560	3,600	563	494	425	356	308	267	226	185	143	102	61
3,600	3,640	573	504	435	366	314	273	232	191	149	108	67
3,640	3,680	583	514	445	376	320	279	238	197	155	114	73
3,680	3,720	593	524	455	386	326	285	244	203	161	120	79
3,720	3,760	603	534	465	396	332	291	250	209	167	126	85
3,760	3,800	613	544	475	406	338	297	256	215	173	132	91
3,800	3,840	623	554	485	416	348	303	262	221	179	138	97
3,840	3,880	633	564	495	426	358	309	268	227	185	144	103
3,880	3,920	643	574	505	436	368	315	274	233	191	150	109
3,920	3,960	653	584	515	446	378	321	280	239	197	156	115
3,960	4,000	663	594	525	456	388	327	286	245	203	162	121
4,000	4,040	673	604	535	466	398	333	292	251	209	168	127
4,040	4,080	683	614	545	476	408	339	298	257	215	174	133
4,080	4,120	693	624	555	486	418	349	304	263	221	180	139
4,120	4,160	703	634	565	496	428	359	310	269	227	186	145
4,160	4,200	713	644	575	506	438	369	316	275	233	192	151
4,200	4,240	723	654	585	516	448	379	322	281	239	198	157
4,240	4,280	733	664	595	526	458	389	328	287	245	204	163
4,280	4,320	743	674	605	536	468	399	334	293	251	210	169
4,320	4,360	753	684	615	546	478	409	340	299	257	216	175
4,360	4,400	763	694	625	556	488	419	350	305	263	222	181
4,400	4,440	773	704	635	566	498	429	360	311	269	228	187
4,440	4,480	783	714	645	576	508	439	370	317	275	234	193
4,480	4,520	793	724	655	586	518	449	380	323	281	240	199
4,520	4,560	803	734	665	596	528	459	390	329	287	246	205
4,560	4,600	813	744	675	606	538	469	400	335	293	252	211
4,600	4,640	823	754	685	616	548	479	410	341	299	258	217
4,640	4,680	833	764	695	626	558	489	420	351	305	264	223
4,680	4,720	843	774	705	636	568	499	430	361	311	270	229
4,720	4,760	853	784	715	646	578	509	440	371	317	276	235
4,760	4,800	863	794	725	656	588	519	450	381	323	282	241
4,800	4,840	873	804	735	666	598	529	460	391	329	288	247
4,840	4,880	883	814	745	676	608	539	470	401	335	294	253
4,880	4,920	893	824	755	686	618	549	480	411	343	300	259
4,920	4,960	903	834	765	696	628	559	490	421	353	306	265
4,960	5,000	913	844	775	706	638	569	500	431	363	312	271
5,000	5,040	923	854	785	716	648	579	510	441	373	318	277
5,040	5,080	933	864	795	726	658	589	520	451	383	324	283

\$5,080 and over

Use Table 4(a) for a **SINGLE person** on page 36. Also see the instructions on page 34.

**MARRIED Persons—MONTHLY Payroll Period**  
(For Wages Paid in 2006)

If the wages are—		And the number of withholding allowances claimed is—										
At least	But less than	0	1	2	3	4	5	6	7	8	9	10
The amount of income tax to be withheld is—												
\$0	\$540	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
540	560	0	0	0	0	0	0	0	0	0	0	0
560	580	0	0	0	0	0	0	0	0	0	0	0
580	600	0	0	0	0	0	0	0	0	0	0	0
600	640	0	0	0	0	0	0	0	0	0	0	0
640	680	0	0	0	0	0	0	0	0	0	0	0
680	720	3	0	0	0	0	0	0	0	0	0	0
720	760	7	0	0	0	0	0	0	0	0	0	0
760	800	11	0	0	0	0	0	0	0	0	0	0
800	840	15	0	0	0	0	0	0	0	0	0	0
840	880	19	0	0	0	0	0	0	0	0	0	0
880	920	23	0	0	0	0	0	0	0	0	0	0
920	960	27	0	0	0	0	0	0	0	0	0	0
960	1,000	31	4	0	0	0	0	0	0	0	0	0
1,000	1,040	35	8	0	0	0	0	0	0	0	0	0
1,040	1,080	39	12	0	0	0	0	0	0	0	0	0
1,080	1,120	43	16	0	0	0	0	0	0	0	0	0
1,120	1,160	47	20	0	0	0	0	0	0	0	0	0
1,160	1,200	51	24	0	0	0	0	0	0	0	0	0
1,200	1,240	55	28	0	0	0	0	0	0	0	0	0
1,240	1,280	59	32	4	0	0	0	0	0	0	0	0
1,280	1,320	63	36	8	0	0	0	0	0	0	0	0
1,320	1,360	67	40	12	0	0	0	0	0	0	0	0
1,360	1,400	71	44	16	0	0	0	0	0	0	0	0
1,400	1,440	75	48	20	0	0	0	0	0	0	0	0
1,440	1,480	79	52	24	0	0	0	0	0	0	0	0
1,480	1,520	83	56	28	1	0	0	0	0	0	0	0
1,520	1,560	87	60	32	5	0	0	0	0	0	0	0
1,560	1,600	91	64	36	9	0	0	0	0	0	0	0
1,600	1,640	95	68	40	13	0	0	0	0	0	0	0
1,640	1,680	99	72	44	17	0	0	0	0	0	0	0
1,680	1,720	103	76	48	21	0	0	0	0	0	0	0
1,720	1,760	107	80	52	25	0	0	0	0	0	0	0
1,760	1,800	111	84	56	29	1	0	0	0	0	0	0
1,800	1,840	115	88	60	33	5	0	0	0	0	0	0
1,840	1,880	119	92	64	37	9	0	0	0	0	0	0
1,880	1,920	123	96	68	41	13	0	0	0	0	0	0
1,920	1,960	129	100	72	45	17	0	0	0	0	0	0
1,960	2,000	135	104	76	49	21	0	0	0	0	0	0
2,000	2,040	141	108	80	53	25	0	0	0	0	0	0
2,040	2,080	147	112	84	57	29	2	0	0	0	0	0
2,080	2,120	153	116	88	61	33	6	0	0	0	0	0
2,120	2,160	159	120	92	65	37	10	0	0	0	0	0
2,160	2,200	165	124	96	69	41	14	0	0	0	0	0
2,200	2,240	171	130	100	73	45	18	0	0	0	0	0
2,240	2,280	177	136	104	77	49	22	0	0	0	0	0
2,280	2,320	183	142	108	81	53	26	0	0	0	0	0
2,320	2,360	189	148	112	85	57	30	2	0	0	0	0
2,360	2,400	195	154	116	89	61	34	6	0	0	0	0
2,400	2,440	201	160	120	93	65	38	10	0	0	0	0
2,440	2,480	207	166	124	97	69	42	14	0	0	0	0
2,480	2,520	213	172	130	101	73	46	18	0	0	0	0
2,520	2,560	219	178	136	105	77	50	22	0	0	0	0
2,560	2,600	225	184	142	109	81	54	26	0	0	0	0
2,600	2,640	231	190	148	113	85	58	30	3	0	0	0
2,640	2,680	237	196	154	117	89	62	34	7	0	0	0
2,680	2,720	243	202	160	121	93	66	38	11	0	0	0
2,720	2,760	249	208	166	125	97	70	42	15	0	0	0
2,760	2,800	255	214	172	131	101	74	46	19	0	0	0
2,800	2,840	261	220	178	137	105	78	50	23	0	0	0
2,840	2,880	267	226	184	143	109	82	54	27	0	0	0
2,880	2,920	273	232	190	149	113	86	58	31	3	0	0
2,920	2,960	279	238	196	155	117	90	62	35	7	0	0
2,960	3,000	285	244	202	161	121	94	66	39	11	0	0
3,000	3,040	291	250	208	167	126	98	70	43	15	0	0
3,040	3,080	297	256	214	173	132	102	74	47	19	0	0
3,080	3,120	303	262	220	179	138	106	78	51	23	0	0
3,120	3,160	309	268	226	185	144	110	82	55	27	0	0
3,160	3,200	315	274	232	191	150	114	86	59	31	4	0
3,200	3,240	321	280	238	197	156	118	90	63	35	8	0

**MARRIED Persons—MONTHLY Payroll Period**  
(For Wages Paid in 2006)

If the wages are—		And the number of withholding allowances claimed is—										
At least	But less than	0	1	2	3	4	5	6	7	8	9	10
The amount of income tax to be withheld is—												
\$3,240	\$3,280	\$327	\$286	\$244	\$203	\$162	\$122	\$94	\$67	\$39	\$12	\$0
3,280	3,320	333	292	250	209	168	127	98	71	43	16	0
3,320	3,360	339	298	256	215	174	133	102	75	47	20	0
3,360	3,400	345	304	262	221	180	139	106	79	51	24	0
3,400	3,440	351	310	268	227	186	145	110	83	55	28	0
3,440	3,480	357	316	274	233	192	151	114	87	59	32	4
3,480	3,520	363	322	280	239	198	157	118	91	63	36	8
3,520	3,560	369	328	286	245	204	163	122	95	67	40	12
3,560	3,600	375	334	292	251	210	169	127	99	71	44	16
3,600	3,640	381	340	298	257	216	175	133	103	75	48	20
3,640	3,680	387	346	304	263	222	181	139	107	79	52	24
3,680	3,720	393	352	310	269	228	187	145	111	83	56	28
3,720	3,760	399	358	316	275	234	193	151	115	87	60	32
3,760	3,800	405	364	322	281	240	199	157	119	91	64	36
3,800	3,840	411	370	328	287	246	205	163	123	95	68	40
3,840	3,880	417	376	334	293	252	211	169	128	99	72	44
3,880	3,920	423	382	340	299	258	217	175	134	103	76	48
3,920	3,960	429	388	346	305	264	223	181	140	107	80	52
3,960	4,000	435	394	352	311	270	229	187	146	111	84	56
4,000	4,040	441	400	358	317	276	235	193	152	115	88	60
4,040	4,080	447	406	364	323	282	241	199	158	119	92	64
4,080	4,120	453	412	370	329	288	247	205	164	123	96	68
4,120	4,160	459	418	376	335	294	253	211	170	129	100	72
4,160	4,200	465	424	382	341	300	259	217	176	135	104	76
4,200	4,240	471	430	388	347	306	265	223	182	141	108	80
4,240	4,280	477	436	394	353	312	271	229	188	147	112	84
4,280	4,320	483	442	400	359	318	277	235	194	153	116	88
4,320	4,360	489	448	406	365	324	283	241	200	159	120	92
4,360	4,400	495	454	412	371	330	289	247	206	165	124	96
4,400	4,440	501	460	418	377	336	295	253	212	171	130	100
4,440	4,480	507	466	424	383	342	301	259	218	177	136	104
4,480	4,520	513	472	430	389	348	307	265	224	183	142	108
4,520	4,560	519	478	436	395	354	313	271	230	189	148	112
4,560	4,600	525	484	442	401	360	319	277	236	195	154	116
4,600	4,640	531	490	448	407	366	325	283	242	201	160	120
4,640	4,680	537	496	454	413	372	331	289	248	207	166	124
4,680	4,720	543	502	460	419	378	337	295	254	213	172	130
4,720	4,760	549	508	466	425	384	343	301	260	219	178	136
4,760	4,800	555	514	472	431	390	349	307	266	225	184	142
4,800	4,840	561	520	478	437	396	355	313	272	231	190	148
4,840	4,880	567	526	484	443	402	361	319	278	237	196	154
4,880	4,920	573	532	490	449	408	367	325	284	243	202	160
4,920	4,960	579	538	496	455	414	373	331	290	249	208	166
4,960	5,000	585	544	502	461	420	379	337	296	255	214	172
5,000	5,040	591	550	508	467	426	385	343	302	261	220	178
5,040	5,080	597	556	514	473	432	391	349	308	267	226	184
5,080	5,120	603	562	520	479	438	397	355	314	273	232	190
5,120	5,160	609	568	526	485	444	403	361	320	279	238	196
5,160	5,200	615	574	532	491	450	409	367	326	285	244	202
5,200	5,240	621	580	538	497	456	415	373	332	291	250	208
5,240	5,280	627	586	544	503	462	421	379	338	297	256	214
5,280	5,320	633	592	550	509	468	427	385	344	303	262	220
5,320	5,360	639	598	556	515	474	433	391	350	309	268	226
5,360	5,400	645	604	562	521	480	439	397	356	315	274	232
5,400	5,440	651	610	568	527	486	445	403	362	321	280	238
5,440	5,480	657	616	574	533	492	451	409	368	327	286	244
5,480	5,520	663	622	580	539	498	457	415	374	333	292	250
5,520	5,560	669	628	586	545	504	463	421	380	339	298	256
5,560	5,600	675	634	592	551	510	469	427	386	345	304	262
5,600	5,640	681	640	598	557	516	475	433	392	351	310	268
5,640	5,680	687	646	604	563	522	481	439	398	357	316	274
5,680	5,720	696	652	610	569	528	487	445	404	363	322	280
5,720	5,760	706	658	616	575	534	493	451	410	369	328	286
5,760	5,800	716	664	622	581	540	499	457	416	375	334	292
5,800	5,840	726	670	628	587	546	505	463	422	381	340	298
5,840	5,880	736	676	634	593	552	511	469	428	387	346	304

**\$5,880 and over**

Use Table 4(b) for a **MARRIED** person on page 36. Also see the instructions on page 34.

# DAKOTA PLAN & DAKOTA RETIREE PLAN



This contains information regarding the Dakota Plan and Dakota Retiree Plan. Both plans are underwritten by Blue Cross Blue Shield of North Dakota (BCBSND). Please refer to the Certificate of Insurance for complete details.

## ELIGIBILITY

To be eligible to join the Dakota Plan or the Dakota Retiree Plan:

A member must be receiving a “retirement allowance” from:

- North Dakota Public Employees Retirement System (NDPERS)
  - ◆ Defined Benefit Plan
  - ◆ Defined Contribution Plan
- North Dakota Highway Patrol Retirement System (NDHPRS)
- Job Service Retirement Plan
- Teacher’s Fund for Retirement (TFFR)
- Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF) ( North Dakota University System only)

A member of certain Political Subdivisions, if enrolled in the Dakota Plan as an active employee, and:

- Receiving a “retirement allowance” from a NDPERS Board approved employer sponsored retirement plan, such as:
  - 401(a)
  - 401(k)
  - 403(b)
  - 457

A surviving spouse must be:

- Receiving a beneficiary benefit from the aforementioned retirement plans, or
- On the Dakota Plan as a covered dependent at the time of member’s death and there is no lapse in coverage.

A non-spouse beneficiary is not eligible to continue on the group health plan.

## **ENROLLMENT**

A member or surviving spouse must apply within 31 days from any one of the following “qualifying events”:

1. Date of retirement, defined as either:
  - The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or
  - Date of first retirement check if member deferred his/her retirement benefit.
2. Member’s 65th birthday or eligibility for Medicare;
3. Member’s spouse or eligible dependent’s 65th birthday or eligibility for Medicare;
4. The loss of coverage in a health plan sponsored or provided by member’s employer or member’s spouse’s employer, if covered through spouse’s employer group plan. This includes loss of coverage due to the death of, or divorce from a spouse as well as completion of COBRA continuation coverage.
5. Marriage
6. Birth, adoption, or appointment of children for legal guardianship.

If a member or surviving spouse does not enroll within 31 days of any one of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.

## **COVERAGE EFFECTIVE DATE**

If a member is enrolled in the Dakota Plan as an active employee, coverage will become effective on the first of the month following the final date of coverage provided by his/her employer. If a member was not enrolled in the Dakota Plan at the time of application, coverage will become effective on the first day of the month following one of the “qualifying events” listed above.

## **PREMIUM PAYMENT POLICY**

<b>Retirement Plan</b>	<b>Payment Method</b>
NDPERS Defined Benefit <sup>1</sup>	Benefit Check Bank Account
NDPERS Defined Contribution <sup>3</sup>	Bank Account
NDHPRS <sup>1</sup>	Benefit Check Bank Account
Job Service <sup>1</sup>	Benefit Check Bank Account
TFFR <sup>2</sup>	Benefit Check Bank Account
TIAA-CREF <sup>3</sup>	Bank Account
Approved Employer Sponsored <sup>3</sup>	Bank Account

1. If retirement allowance is large enough to deduct the entire monthly premium, the premium will automatically be withheld from the benefit check. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50131](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.
2. If TFFR retirement allowance is large enough to deduct the entire monthly premium, an election to have premiums withheld from a benefit check must be made. Complete an [Payroll Deduction Authorization \(313\) SFN 19182](#). If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50131](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.
3. If retirement allowance is issued from the NDPERS Defined Contribution plan, TIAA-CREF, or a Board approved employer sponsored retirement plan, premiums must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50131](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.

## **CANCELLATION POLICY**

To cancel NDPERS health coverage, a written request must be submitted. The request must provide the contract holder's name, social security number and effective date. NDPERS must receive a cancellation request by the **15<sup>th</sup>** of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

# DAKOTA PLAN



## COBRA CONTINUATION

A member is eligible for COBRA continuation if enrolled in the Dakota Plan as an active employee and is not eligible for Medicare. A member will have the option to continue coverage for 18 months under COBRA or until eligible for Medicare, whichever occurs first. Options will vary based on the following:

- A member **deferred his/her retirement allowance or took a lump sum payment** of retirement account. After the 18 months has expired and if member is not yet receiving a retirement allowance from one of the eligible retirement systems listed previously, he/she has the option to enroll under a conversion health plan. For details about the conversion option, contact BCBSND at 1-800-223-1704 or (701) 282-1400 in the Fargo area.
- A member elects to begin receiving **a retirement allowance immediately** from an eligible retirement system. At the conclusion of the 18 months or when member or eligible dependent becomes eligible for Medicare, the option to enroll in the "Dakota Plan" or the "Dakota Retiree Plan" becomes available, subject to the eligibility requirements.

The following COBRA premiums are in effect through June 30, 2007:

	<u>Single</u>	<u>Family</u>
State Agencies	\$266.18	\$656.50
Political Subdivisions, enrolled prior to July 1, 2005	\$284.64	\$702.01
Political Subdivisions, enrolled after July 1, 2005*	\$287.27	\$691.74
EPO Only Groups, enrolled prior to July 1, 2005	\$264.39	\$652.26
EPO Only Groups, enrolled after July 1, 2005*	\$267.44	\$643.74

\*Subject to rate increases July 1, 2006

## END OF COBRA PERIOD OR NEW COVERAGE

If eligibility continues upon completion of COBRA or member is applying for new coverage, the following premiums are in effect through June 30, 2007:

	<u>Single</u>	<u>Family</u>
Non-Medicare	\$390.92	\$781.86
Non-Medicare (3 or more)		\$977.32

## EXTENDED COBRA

### Disability

A member or their dependent determined to have been disabled for Social Security purposes may extend the continuation of coverage to 29 months. If member or their dependent becomes disabled at any time during the first 60 days of COBRA continuation coverage the member **must** provide notice of such determination to NDPERS within 60 days after the date of any final determination of disability and before the end of the 18 month continuation period.

### Death

Continuation of coverage may be extended for a period up to 36 months for a eligible dependent.

## CANCELLATION OF COBRA

Coverage may be cancelled when a person receiving continuation of coverage becomes covered under another benefit plan providing the same or similar coverage.

# DAKOTA PLAN FEATURES



**Preferred Provider Organization (PPO)** - is a group of hospitals, clinics and physicians who have agreed to discount their services to members of NDPERS. You have "freedom of choice" in selecting which physician or medical facility to use for services. No referral is needed. If you choose a provider who participates in the PPO program, you will have lower out-of-pocket expenses. PPO benefits are only available in the State of North Dakota, unless the medical facility provides services at a satellite location in another State.

**Exclusive Provider Organization (EPO)** – is a managed care program and encourages the use of a Primary Care Physician. You and each of your eligible family members may use any Primary Care Physician affiliated with your designated EPO provider. You may change your Primary Care Physicians at any time. The medical practices included under primary care are: General/Family Practice, Obstetrics/Gynecology, Pediatrics and Internal Medicine. If you enroll in the EPO you will have lower out-of-pocket expenses for annual deductibles and reduced copayments for office visits and diagnostic services. Your affiliation is for one year and you must reside in a 50 mile radius of an EPO provider. The plan year runs from July 1 through June 30 of the following year. EPO coverage is only available to retirees that participated in the program as an active employee. EPO coverage terminates upon completion of COBRA or entitlement to Medicare, whichever occurs first.

<u>Plan Features:</u>	<u>Basic</u> (Self Referral or Out-of-State)	<u>PPO</u>	<u>EPO*</u>
Deductible for All Services			
-Per Person	\$250	\$250	\$100
-Per Family	\$750	\$750	\$300
Copayment for Physician Office Visits (no limit)	\$ 25	\$ 20	\$ 15
Copayment for Emergency Room	\$ 50	\$ 50	\$ 50
Coinsurance on all covered services EXCEPT Physician Office Visits	75/25	80/20	85/15
Annual Coinsurance Maximum			
-Individual	\$1250	\$750	\$500
-Family	\$2500	\$1500	\$1000
Out-of-Pocket Maximums (Deductible and Coinsurance)**			
-Individual	\$1500	\$1000	\$600
-Family	\$3250	\$2250	\$1300

\* Out-of-network coverage is at the Basic level.

\*\*Office visit and emergency room copayments and prescription drug copayments and coinsurance are additional.

## **DEDUCTIBLE AND COINSURANCE**

Deductible, copayments, and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31.

<u>Plan Features:</u>	<u>Basic</u> (Self Referral or Out-of-State)	<u>PPO</u>	<u>EPO*</u>
Prescription Formulary Generic Drug			
-Copayment	\$5	\$5	\$5
- Coinsurance (\$1,000 maximum per person per benefit period, covered at 100% after \$1,000 maximum is met)	15%	15%	15%
Prescription Formulary Brand-Name Drug***			
-Copayment	\$15	\$15	\$15
- Coinsurance (\$1,000 maximum per person per benefit period, covered at 100% after \$1,000 maximum is met)	25%	25%	25%
Prescription Non-Formulary Drug			
-Copayment	\$25	\$25	\$25
-Coinsurance	50%	50%	50%

\*\*\* For each 34-day supply or 100 units of an authorized maintenance drug or non-prescription diabetic supplies.

### **MAIL ORDER PRESCRIPTION DRUGS**

Please contact BCBSND at 1-800-223-1704.

### **PREVENTIVE SCREENING SERVICES**

The following services are paid at 100% of allowed charge. The deductible amount is waived.

<b>PREVENTATIVE SCREENING</b>	
<b><i>Members Age and Benefits Schedule</i></b>	<b><i>PPO and Basic</i></b>
Members age 19 – 39 receive once every five (5) years	Fecal Occult Blood Testing, Total Serum Cholesterol Testing, Blood Sugar Testing
Members age 40 – 49 receive once every two (2) years	Fecal Occult Blood Testing
Members age 40 – 64 receive once every two (2) years	Total Serum Cholesterol Testing, Blood Sugar Testing
Members age 50 and older receive once per benefit period	Fecal Occult Blood Testing
Members age 65 and older receive once per benefit period	Total Serum Cholesterol Testing, Blood Sugar Testing

# DAKOTA RETIREE PLAN



The Dakota Retiree Plan is a "Carve-Out" plan that pays secondary to Medicare. It is not a supplemental plan. As secondary payer, there will be an adjustment to the premium if transitioning from the Dakota Plan.

A member or eligible dependent is eligible to enroll in this health coverage at the time of Medicare eligibility. If covered under the Dakota Plan at the time, a member will receive a notification approximately 60 days prior to the eligibility date regarding the enrollment procedures. To enroll, the following requirements must be complied with:

- The eligible member(s)/dependent(s) must have both parts A and B of Medicare. If the eligible member(s)/dependent(s) continues to be covered by an "active" employer group policy, Medicare Part B may be waived until the contract holder terminates employment.
- The eligible member(s)/dependent(s) must complete the Retiree Group Health Insurance Application as well as a Medicare Blue Rx Application for each person who is Medicare eligible and also include a copy of the Medicare card.

If the above requirements are met and member enrolled prior to July 1, 2005, the following premiums are in effect through December 31, 2006:

	<u>Single</u>	<u>Family</u> *
One Medicare/One Non-Medicare		\$488.90
Medicare Eligible	\$169.40	\$329.24
(must have both Medicare A & B)		

If the above requirements are met and member enrolled in the plan on or after July 1, 2005 the following premiums are in effect through June 30, 2006 [See rates below for July 1, 2006 through December 31, 2006]:

	<u>Single</u>	<u>Family</u> *
One Medicare/One Non-Medicare		\$499.44
Medicare Eligible	\$174.72	\$337.98
(must have both Medicare A & B)		

If the above requirements are met and member enrolled in the plan on or after July 1, 2006 the following premiums are in effect through December 31, 2006:

	<u>Single</u>	<u>Family</u> *
One Medicare/One Non-Medicare		\$559.76
Medicare Eligible	\$199.32	\$385.92
(must have both Medicare A & B)		

**\*NOTE:** If you have more than two people on your health insurance policy, please contact NDPERS for your rate.

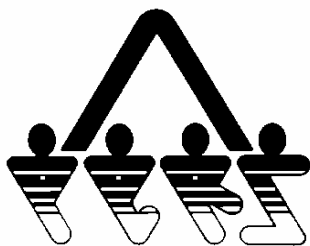
If member/dependent did not enroll in the plan at the time he/she is eligible, coverage will cease on the first day of the month in which the member or dependent(s) became eligible.

# DAKOTA RETIREE PLAN



The “Dakota Retiree Plan” provides health care coverage as a secondary payer to Medicare. The “Dakota Retiree Plan” differs from the regular Federal Supplement plans A through J in that it **does not** pay 100% of the balance of Medicare’s approved charges. The following is a brief description of benefits as provided by the plan when paying secondary to Medicare. Please note that the “Dakota Retiree Plan” provides you with prescription drug coverage. To continue coverage with the NDPERS Dakota Retiree Plan you must carry **both Parts A and B of Medicare** when you become eligible for Medicare benefits. If you or your spouse/dependent are eligible for Medicare but continue to be covered by an “active” employer group policy, Medicare Part B may be waived until the contract holder terminates from employment.

TYPE OF SERVICE	MEDICARE PAYS	DAKOTA RETIREE PLAN PAYS										
		In State PPO Provider	Non PPO Provider or Out of State									
<i>INPATIENT HOSPITAL SERVICES</i> Includes semi-private room and board, general nursing and miscellaneous hospital services and supplies.	A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row. The following is based on a benefit period. First 60 days : all but \$952 61 <sup>st</sup> thru 90 <sup>th</sup> day : all but \$2,389 a day 91 <sup>st</sup> day and after : all but \$476 a day	Dakota Plan pays 80% after the annual \$250 deductible. For any subsequent illness where Medicare's deductible is applied again, Dakota Plan pays 80%.	Dakota Plan pays 75% after the annual \$250 deductible. For any subsequent illness where Medicare" deductible is applied again, Dakota Plan pays 75%.									
OUTPATIENT HOSPITAL SERVICES & SUPPLIES Includes services for first-aid emergency care, laboratory and x-ray tests, surgical procedures, radiation therapy, home health visits, ambulance, and durable medical equipment such as oxygen equipment and wheelchairs.	Outpatient services are covered when provided for and billed by a hospital, subject to the Medicare Part B annual \$124 deductible and 20% coinsurance	Dakota Plan pays eligible expenses at 80%, subject to an annual \$250 deductible (combined with inpatient services).	Dakota Plan pays eligible expenses at 75%, subject to an annual \$250 deductible (combined with inpatient services).									
EXTENDED CARE/HOME HEALTH	<u>Skilled Nursing Facility</u> – In each benefit period, Medicare Part A may pay for all covered services for the first 20 days you are in a skilled nursing facility. For the 21 <sup>st</sup> – 100 <sup>th</sup> day, Medicare Part A copayment is \$114 per day. <u>Home Health Care</u> – Unlimited home health visits if all Medicare guidelines have been met.	Unlimited days for Skilled Nursing Facilities and Home Health Care for <u>medically necessary</u> (skilled) services paid at 80%, subject to an annual \$250 deductible (combined with in-outpatient services). No coverage for intermediate and/or custodial care.	Unlimited days for Skilled Nursing Facilities and Home Health Care for <u>medically necessary</u> (skilled) services paid at 75%, subject to an annual \$250 deductible (combined with in-outpatient services). No coverage for intermediate and/or custodial care.									
AVAILABLE PHYSICIAN, MEDICAL SERVICES AND SUPPLIES Includes physician services wherever provided – in-home, hospital, or office; diagnostic x-ray and lab tests; physical and speech therapy; medical supplies such as splints and casts, certain prosthetic devices; artificial limbs and eyes.	You pay the first \$124 per year – Medicare Part B (medical insurance) then pays 80% of the remaining allowable charges for covered services as determined by Medicare Part B.	Dakota Plan pays 80% of <u>allowable</u> charges on Medicare's balance.	Dakota Plan pays 75% of <u>allowable</u> charges on Medicare's balance.									
PRESCRIPTION DRUGS	Inpatient prescription drugs only. No coverage for outpatient prescription drugs unless enrolled in Medicare Part D.	Prescription Drugs – Retail and mail order for each 34 day supply or 100 units of an authorized maintenance drug: <table><tr><td><b>Formulary:</b></td><td><b>Copayment</b></td><td><b>Co-insurance</b></td></tr><tr><td>Brand-name drug</td><td>\$15</td><td>25% of allowable charge*</td></tr><tr><td>Generic drug</td><td>\$ 5</td><td>15% of allowable charge*</td></tr></table> <p>*After yearly out-of-pocket drug costs reach \$3,600 you pay \$2 for generic or a preferred brand name drug that is a multi-source drug and \$5 for all other drugs or 5% coinsurance.</p> <p>Non-Formulary: <b>\$25 50% of allowable charge</b></p> <p>Members pay the difference between generic and brand-name price if brand-name drug is purchased and generic is available.</p>		<b>Formulary:</b>	<b>Copayment</b>	<b>Co-insurance</b>	Brand-name drug	\$15	25% of allowable charge*	Generic drug	\$ 5	15% of allowable charge*
<b>Formulary:</b>	<b>Copayment</b>	<b>Co-insurance</b>										
Brand-name drug	\$15	25% of allowable charge*										
Generic drug	\$ 5	15% of allowable charge*										



**North Dakota**  
**Public Employees Retirement System**  
400 East Broadway, Suite 505 • Box 1657  
Bismarck, North Dakota 58502-1657

**Sparb Collins**  
Executive Director  
(701) 328-3900  
1-800-803-7377

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FAX: (701) 328-3920 • EMAIL: [ndpers-info@nd.gov](mailto:ndpers-info@nd.gov) • [www.nd.gov/ndpers](http://www.nd.gov/ndpers)

NDPERS RETIREE NOTICE (11/01/05)

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## **Important Notice from the North Dakota Public Employees Retirement System About Your Prescription Drug Coverage and Medicare**

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PLEASE READ THIS ENTIRE NOTICE CAREFULLY before making a decision about your prescription drug coverage. Starting January 1, 2006, new Medicare prescription drug coverage will be available to everyone with Medicare. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare.

**Because it has been determined that your existing coverage is on average at least as good as the standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.**

Individuals with Medicare can enroll in a Medicare prescription drug plan from November 15, 2005 through May 15, 2006. However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare prescription drug plan later without paying late enrollment penalties. In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will not be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. **Before making your decision, please examine all your options to be sure you understand the plan coverages.**

**If you do decide to enroll in a Medicare Prescription drug plan you must drop your NDPERS coverage. Be aware that you may not be able to get this coverage back.**

If you drop your current coverage, you will only be able to re-enroll if you apply for coverage within 31 days from any one of the following "qualifying events":

1. Date of retirement, defined as either:  
The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or  
Date of first retirement check if member deferred his/her retirement benefit.
2. Member's 65th birthday or eligibility for Medicare;
3. Member's spouse or eligible dependent's 65th birthday or eligibility for Medicare;
4. The loss of coverage in a health plan sponsored or provided by member's employer or member's spouse's employer, if covered through spouse's employer group plan. This includes loss of coverage due to the death of, or divorce from a spouse as well as completion of COBRA continuation coverage.
5. Marriage
6. Birth, adoption, or appointment of children for legal guardianship.

At this point you have two choices.

- 1) You can maintain your current health insurance coverage with NDPERS which provides coverage for all your health insurance expenses including prescription drug coverage. If that is what you choose to do you do not have to do anything. NDPERS will automatically enroll you in our new Prescription Drug

Program (PDP) effective January 1, 2006. **Additional information pertaining to the coverage and premium cost will be provided sometime in late November.** Or,

- 2) You can choose to drop the NDPERS health insurance coverage and enroll in Medicare Part D and also enroll in an alternate Medicare Supplemental Plan. To cancel NDPERS health coverage, a written request must be submitted. The request must provide the contract holder's name, contract number and effective date. NDPERS must receive a cancellation request by the 15th of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

**NOTE: If you choose to continue NDPERS coverage, you are not allowed to enroll in a separate Medicare Part D drug plan.**

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You 2006" handbook. You should have already received a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from the following resources:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help,
- Call Senior Health Insurance Counseling (SHIC), a program of the North Dakota Insurance Department, at 1-800-247-0560, or
- Call 1-800-MEDICARE (1-800-325-4227). TTY users should call 1-877-486-2048.

**Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage after May 15, 2006, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

## **DEFINITIONS**

**CLASS OF COVERAGE** - the type of coverage the Subscriber is enrolled under, identifying who is eligible to receive benefits for Covered Services under this Benefit Plan. Classes of Coverage are as follows:

- A. Single Coverage - Subscriber only.
- B. Family Coverage - Subscriber and Eligible Dependents.

**ELIGIBLE DEPENDENT** - a dependent of the Subscriber who qualifies for membership under this Benefit Plan in accordance with the requirements specified below:

- A. The Subscriber's spouse under a legally existing marriage between persons of the opposite sex.
- B. The Subscriber's or the Subscriber's living, covered spouse's unmarried children under the age of 23 years who are financially dependent on the Subscriber or the Subscriber's spouse. Children are considered under age 23 until the end of the month in which the child becomes 23 years of age. The term child or children includes:
  - 1. Children physically placed with the Subscriber for adoption or whom the Subscriber or the Subscriber's living, covered spouse has legally adopted.
  - 2. Children living with the Subscriber for whom the Subscriber or the Subscriber's living, covered spouse has been appointed legal guardian by court order.
  - 3. The Subscriber's grandchildren or those of the Subscriber's living, covered spouse if: (a) the parent of the grandchild is a covered Eligible Dependent under this Benefit Plan and (b) both the parent and the grandchild are primarily dependent on the Subscriber for support. If a lapse in coverage occurs due to ineligibility of the parent under this Benefit Plan, the grandchild cannot be reenrolled unless the Subscriber has been appointed legal guardian.
  - 4. Children for whom the Subscriber or the Subscriber's living, covered spouse are required by court order to provide health benefits.
  - 5. Children beyond the age of 23 who are full-time students at accredited institutions who are financially dependent on the Subscriber or the Subscriber's spouse. Coverage in such cases will be continued only until the end of the month in which the child becomes 26 years of age.
  - 6. Children beyond the age of 23 who are incapable of self support because of mental retardation or physical handicap that began before the child attained age 23 and who are primarily dependent on the Subscriber or the Subscriber's spouse for support. Coverage for such a disabled child will continue for as long as the child remains unmarried, disabled and the Subscriber's dependent for federal income tax purposes. The Subscriber may be asked periodically to provide evidence satisfactory to BCBSND of these disabilities.

A Member will in no event be an Eligible Dependent of more than one employee. A dependent of an employee will not be eligible if that dependent is also an employee.

**MEMBER** - the Subscriber and, if another Class of Coverage is in force, the Subscriber's Eligible Dependents.

**PAY STATUS** - a Subscriber/surviving spouse receiving a retirement allowance from an eligible retirement plan.

**RETIREE** – a Subscriber receiving a monthly retirement allowance pursuant to chapter 54-52.

**RETIREMENT** - the acceptance of a retirement allowance upon either termination of employment or termination of participation in the retirement plan and meeting the normal retirement date.

**RETIREMENT ALLOWANCE**- a reoccurring, periodic benefit from an eligible employer sponsored retirement plan.

**SURVIVING SPOUSE** - a legal spouse of the deceased member.

**SUBSCRIBER** - the individual whose application for membership has been accepted, whose coverage is in force with BCBSND and in whose name the Identification Card and Benefit Plan Attachment are issued.

# LIFE INSURANCE



Effective July 1, 2005

If you are participating in the NDPERS group life insurance plan as an active employee, you will have the option to continue your employee supplemental, dependent supplemental, and spouse supplemental life insurance coverage to age 65. This election must be made within 31 days of date of retirement by completing a [Retiree Life Insurance Application SFN 53622](#). If you do not apply to continue coverage during this time limit, you will have forfeited your right to enroll in the future.

You may either maintain the same level(s) of coverage you had as an active employee or elect to decrease or discontinue your level(s) of coverage. You cannot increase any coverage levels, apply for coverage you are not participating in at the time of retirement, nor are you eligible for the annual enrollment.

[Life insurance premiums](#) may be paid on the same basis as the health premium; by deduction from the pension check, deduction from a bank account, or by individual billing. However, if you are also participating in the health plan, the life premium must be paid in the same manner as that selected for the health premium. Premiums can not be withheld from a retirement benefit as a pre-tax deduction.

The employee supplemental, dependent life, and spouse supplemental insurance will terminate at age 65. You are eligible to continue the \$1,300 basic coverage for life (cost = \$4.32). However, to continue any other levels of coverage, you will be given the opportunity to convert to an individual life policy with the life insurance. You or your insured dependent may convert this insurance by applying and paying the first premium for an individual policy within 31 days after any part of your or your insured dependent's insurance stops. Prudential Insurance Company of America or the Policyholder must be notified by completing a [Life Conversion Information Request Form](#).

Refer to your [Life Insurance Plan Handbook](#) for further details on the Life Insurance benefits.

Retiree Supplemental Life and Accidental Death and Dismemberment Insurance  
Monthly Premium Amounts – Underwritten by  
Prudential Insurance Company of America

Rates Effective July 1, 2005

\$1,300 Basic = \$4.32

<u>Employee's Age</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$15,000</u>	<u>\$20,000</u>	<u>\$25,000</u>	<u>\$30,000</u>	<u>\$35,000</u>	<u>\$40,000</u>	<u>\$45,000</u>	<u>\$50,000</u>
40 to 44	\$4.84	\$5.54	\$6.24	\$6.94	\$7.64	\$8.34	\$9.04	\$9.74	\$10.44	\$11.14
45 to 49	\$4.99	\$5.89	\$6.79	\$7.69	\$8.59	\$9.49	\$10.39	\$11.29	\$12.19	\$13.09
50 to 54	\$5.28	\$6.58	\$7.88	\$9.18	\$10.48	\$11.78	\$13.08	\$14.38	\$15.68	\$16.98
55 to 59	\$6.17	\$8.67	\$11.17	\$13.67	\$16.17	\$18.67	\$21.17	\$23.67	\$26.17	\$28.67
60 to 64	\$7.13	\$10.93	\$14.73	\$18.53	\$22.33	\$26.13	\$29.93	\$33.73	\$37.53	\$41.33

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$55,000</u>	<u>\$60,000</u>	<u>\$65,000</u>	<u>\$70,000</u>	<u>\$75,000</u>	<u>\$80,000</u>	<u>\$85,000</u>	<u>\$90,000</u>	<u>\$95,000</u>	<u>\$100,000</u>
40 to 44	\$11.84	\$12.54	\$13.24	\$13.94	\$14.64	\$15.34	\$16.04	\$16.74	\$17.44	\$18.14
45 to 49	\$13.99	\$14.89	\$15.79	\$16.69	\$17.59	\$18.49	\$19.39	\$20.29	\$21.19	\$22.09
50 to 54	\$18.28	\$19.58	\$20.88	\$22.18	\$23.48	\$24.78	\$26.08	\$27.38	\$28.68	\$29.98
55 to 59	\$31.17	\$33.67	\$36.17	\$38.67	\$41.17	\$43.67	\$46.17	\$48.67	\$51.17	\$53.67
60 to 64	\$45.13	\$48.93	\$52.73	\$56.53	\$60.33	\$64.13	\$67.93	\$71.73	\$75.53	\$79.33

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$105,000</u>	<u>\$110,000</u>	<u>\$115,000</u>	<u>\$120,000</u>	<u>\$125,000</u>	<u>\$130,000</u>	<u>\$135,000</u>	<u>\$140,000</u>	<u>\$145,000</u>	<u>\$150,000</u>
40 to 44	\$18.84	\$19.54	\$20.24	\$20.94	\$21.64	\$22.34	\$23.04	\$23.74	\$24.44	\$25.14
45 to 49	\$22.99	\$23.89	\$24.79	\$25.69	\$26.59	\$27.49	\$28.39	\$29.29	\$30.19	\$31.09
50 to 54	\$31.28	\$32.58	\$33.88	\$35.18	\$36.48	\$37.78	\$39.08	\$40.38	\$41.68	\$42.98
55 to 59	\$56.17	\$58.67	\$61.17	\$63.67	\$66.17	\$68.67	\$71.17	\$73.67	\$76.17	\$78.67
60 to 64	\$83.13	\$86.93	\$90.73	\$94.53	\$98.33	\$102.13	\$105.93	\$109.73	\$113.53	\$117.33

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$155,000</u>	<u>\$160,000</u>	<u>\$165,000</u>	<u>\$170,000</u>	<u>\$175,000</u>	<u>\$180,000</u>	<u>\$185,000</u>	<u>\$190,000</u>	<u>\$195,000</u>	<u>\$200,000</u>
40 to 44	\$25.84	\$26.54	\$27.24	\$27.94	\$28.64	\$29.34	\$30.04	\$30.74	\$31.44	\$32.14
45 to 49	\$31.99	\$32.89	\$33.79	\$34.69	\$35.59	\$36.49	\$37.39	\$38.29	\$39.19	\$40.09
50 to 54	\$44.28	\$45.58	\$46.88	\$48.18	\$49.48	\$50.78	\$52.08	\$53.38	\$54.68	\$55.98
55 to 59	\$81.17	\$83.67	\$86.17	\$88.67	\$91.17	\$93.67	\$96.17	\$98.67	\$101.17	\$103.67
60 to 64	\$121.13	\$124.93	\$128.73	\$132.53	\$136.33	\$140.13	\$143.93	\$147.73	\$151.53	\$155.33

Dependent Supplemental Life Insurance Premiums

Monthly Premium Amounts

Rates Effective July 1, 2005

Employee	Total Coverage	
Age	\$2,000	\$5,000
40 to 44	\$0.24	\$0.60
45 to 49	\$0.24	\$0.60
50 to 54	\$0.24	\$0.60
55 to 59	\$0.24	\$0.60
60 to 64	\$0.24	\$0.60

Spouse Supplemental Life Insurance

Monthly Premium Amounts

Rates Effective July 1, 2005

Spouse Total Coverage

Employee's Age	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$15,000</u>	<u>\$20,000</u>	<u>\$25,000</u>	<u>\$30,000</u>	<u>\$35,000</u>	<u>\$40,000</u>	<u>\$45,000</u>	<u>\$50,000</u>
40 to 44	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
45 to 49	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
50 to 54	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
55 to 59	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
60 to 64	\$3.80	\$ 7.60	\$11.40	\$15.20	\$19.00	\$22.80	\$26.60	\$30.40	\$34.20	\$38.00

Spouse Total Coverage

Employee's Age	<u>\$55,000</u>	<u>\$60,000</u>	<u>\$65,000</u>	<u>\$70,000</u>	<u>\$75,000</u>	<u>\$80,000</u>	<u>\$85,000</u>	<u>\$90,000</u>	<u>\$95,000</u>	<u>\$100,000</u>
40 to 44	\$6.60	\$7.20	\$7.80	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00
45 to 49	\$9.90	\$10.80	\$11.70	\$12.60	\$13.50	\$14.40	\$15.30	\$16.20	\$17.10	\$18.00
50 to 54	\$14.30	\$15.60	\$16.90	\$18.20	\$19.50	\$20.80	\$22.10	\$23.40	\$24.70	\$26.00
55 to 59	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50	\$40.00	\$42.50	\$45.00	\$47.50	\$50.00
60 to 64	\$ 41.80	\$45.60	\$49.40	\$53.20	\$57.00	\$60.80	\$64.60	\$68.40	\$72.20	\$76.00



# RETIREE DENTAL COVERAGE



The group dental plan is available to retired employees and surviving spouses that are receiving a retirement benefit from North Dakota Public Employees Retirement System (NDPERS), TIAA-CREF, ND Teachers Fund For Retirement (TFFR), or Job Service Retirement plan. This coverage allows you to choose your own dentist. The plan highlights and the current premium rates are included for your information.

Retirees or surviving spouse may elect to enroll in the dental plan within 31 days of a “qualifying event.” The “qualifying events” are as follows:

## **ELIGIBILITY**

To be eligible to join the Dental Plan:

A member must be receiving a “retirement allowance” from:

- North Dakota Public Employees Retirement System (NDPERS)
  - ◆ Defined Benefit Plan
  - ◆ Defined Contribution Plan
- North Dakota Highway Patrol Retirement System (NDHPRS)
- Job Service Retirement Plan
- Teacher’s Fund for Retirement (TFFR)
- Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF) ( North Dakota University System only)

A surviving spouse must be:

- Receiving a beneficiary benefit from the aforementioned retirement plans, or
- On the Dental Plan as a covered dependent at the time of member’s death and there is no lapse in coverage.

A non-spouse beneficiary is not eligible to continue on the group dental plan.

## **ENROLLMENT**

A member or surviving spouse must apply within 31 days from any one of the following “qualifying events”:

1. Date of retirement, defined as either:
  - The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or
  - Date of first retirement check if member deferred his/her retirement benefit.
2. Members 65<sup>th</sup> birthday or eligibility for Medicare:
3. Members spouse 65<sup>th</sup> birthday or eligibility for Medicare:
4. The loss of coverage in a dental plan sponsored or provided by member’s employer or member’s spouse’s employer, if covered through spouse’s employer group plan. This includes loss of coverage due to the death of, or divorce from a spouse as well as completion of COBRA continuation coverage.
5. Marriage
6. Birth, adoption, or appointment of children for legal guardianship.

If a member or surviving spouse does not enroll within 31 days of any one of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.

## **COVERAGE EFFECTIVE DATE**

If a member is enrolled in the Dental Plan as an active employee, coverage will become effective on the first of the month following the final date of coverage provided by his/her employer. If a member was not enrolled in the Dental Plan at the time of application, coverage will become effective on the first day of the month following one of the “qualifying events” listed above.

## **PREMIUM PAYMENT POLICY**

<b>Retirement Plan</b>	<b>Payment Method</b>
NDPERS Defined Benefit <sup>1</sup>	Benefit Check Bank Account
NDPERS Defined Contribution <sup>3</sup>	Bank Account
NDHPRS <sup>1</sup>	Benefit Check Bank Account
Job Service <sup>1</sup>	Benefit Check Bank Account
TFFR <sup>2</sup>	Benefit Check Bank Account
TIAA-CREF <sup>3</sup>	Bank Account
Approved Employer Sponsored <sup>3</sup>	Bank Account

1. If retirement allowance is large enough to deduct the entire monthly premium, the premium will automatically be withheld from the benefit check. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50131](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.
2. If TFFR retirement allowance is large enough to deduct the entire monthly premium, an election to have premiums withheld from a benefit check must be made. Complete an [Payroll Deduction Authorization \(313\) SFN 19182](#). If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50131](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.
3. If retirement allowance is issued from the NDPERS Defined Contribution plan, TIAA-CREF, or a Board approved employer sponsored retirement plan, premiums must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50131](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.

## **CANCELLATION POLICY**

To cancel NDPERS dental coverage, a written request must be submitted. The request must provide the contract holder's name, social security number and effective date. NDPERS must receive a cancellation request by the **15<sup>th</sup>** of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

## **PLAN HIGHLIGHTS**

The dental services covered by this insurance are divided into four main categories shown below. This dental summary of benefits is intended to describe only a general outline of the plan of benefits and does not represent the actual terms and conditions of the Policy.

**Dental Plan \$1,000 maximum annual benefit per person.**

<b><i>SERVICE</i></b>	<b><i>DEDUCTIBLE</i></b>	<b><i>COINSURANCE</i></b>	<b><i>WAITING PERIOD</i></b>
<i>Preventive and diagnostic treatment (cleaning &amp; x-rays, every 6 months)</i>	<i>\$10.00*</i>	<i>100%</i>	<i>None</i>
<i>Basic treatment (fillings, oral surgery, periodonics)</i>	<i>\$50 per person**</i>	<i>80%</i>	<i>6 months</i>
<i>Major treatment (Crowns, bridges, dentures)</i>	<i>\$50 per person**</i>	<i>50%</i>	<i>1 year</i>
<i>Orthodontic treatment ***</i>	<i>None</i>	<i>50%</i>	<i>2 years</i>

\* *The deductible for Preventive and Diagnostic Treatment is the amount payable by you or your insured dependent each time you visit a dentist's office.*

\* \* *The deductible includes total expenditures per person for all basic and major treatment combined.*

\*\*\* *Orthodontic treatment is available to eligible dependent children; lifetime maximum benefit is \$1,500.*

All coverage is subject to reasonable and customary fee guidelines. ReliaStar uses the 80<sup>th</sup> percentile of fee data from an independent contractor to determine reasonable and customary fees. Dental charges in excess of the reasonable and customary fees are the participant's responsibility.

## **PREMIUM INFORMATION**

You can purchase dental coverage for yourself and your eligible dependents by choosing from any one of the following coverage categories. Premium rates are effective until December 31, 2006.

### Monthly Premium

Retiree only	\$ 33.54
Retiree & spouse	\$ 64.58
Retiree & child(ren)	\$ 75.22
Family (retiree, spouse & children)	\$106.30

## **COVERAGE QUESTIONS?**

Please contact ReliaStar, plan administrator, at **1-800-965-4148**.



# RETIREE VISION COVERAGE



The group vision plan is available to retired employees that are receiving a retirement benefit from North Dakota Public Employees Retirement System (NDPERS), TIAA-CREF, ND Teachers Fund for Retirement (TFFR), or the Job Service Retirement Plan. This coverage allows you to choose your own eye care professional. The plan highlights and the current premium rates are included for your information.

Retirees may elect to enroll in the vision plan within 31 days of a “qualifying event.” The “qualifying events” are as follows:

## **ELIGIBILITY**

To be eligible to join the Vision Plan:

A member must be receiving a “retirement allowance” from:

- North Dakota Public Employees Retirement System (NDPERS)
  - ◆ Defined Benefit Plan
  - ◆ Defined Contribution Plan
- North Dakota Highway Patrol Retirement System (NDHPRS)
- Job Service Retirement Plan
- Teacher’s Fund for Retirement (TFFR)
- Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF) ( North Dakota University System only)

A surviving spouse must be:

- Receiving a beneficiary benefit from the aforementioned retirement plans, or
- On the Vision Plan as a covered dependent at the time of member’s death and there is no lapse in coverage.

A non-spouse beneficiary is not eligible to continue on the group vision plan.

## **ENROLLMENT**

A member or surviving spouse must apply within 31 days from any one of the following “qualifying events”:

1. Date of retirement, defined as either:
  - The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or
  - Date of first retirement check if member deferred his/her retirement benefit.
2. Members 65<sup>th</sup> birthday or eligibility for Medicare:
3. Members spouse 65<sup>th</sup> birthday or eligibility for Medicare:
4. The loss of coverage in a dental plan sponsored or provided by member’s employer or member’s spouse’s employer, if covered through spouse’s employer group plan. This includes loss of coverage due to the death of, or divorce from a spouse as well as completion of COBRA continuation coverage.
5. Marriage
6. Birth, adoption, or appointment of children for legal guardianship.

If a member or surviving spouse does not enroll within 31 days of any one of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.

## **COVERAGE EFFECTIVE DATE**

If a member is enrolled in the Vision Plan as an active employee, coverage will become effective on the first of the month following the final date of coverage provided by his/her employer. If a member was not enrolled in the Vision Plan at the time of application, coverage will become effective on the first day of the month following one of the “qualifying events” listed above.

## **PREMIUM PAYMENT POLICY**

<b>Retirement Plan</b>	<b>Payment Method</b>
NDPERS Defined Benefit <sup>1</sup>	Benefit Check Bank Account
NDPERS Defined Contribution <sup>3</sup>	Bank Account
NDHPRS <sup>1</sup>	Benefit Check Bank Account
Job Service <sup>1</sup>	Benefit Check Bank Account
TFFR <sup>2</sup>	Benefit Check Bank Account
TIAA-CREF <sup>3</sup>	Bank Account
Approved Employer Sponsored <sup>3</sup>	Bank Account

1. If retirement allowance is large enough to deduct the entire monthly premium, the premium will automatically be withheld from the benefit check. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50131](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.
2. If TFFR retirement allowance is large enough to deduct the entire monthly premium, an election to have premiums withheld from a benefit check must be made. Complete an [Payroll Deduction Authorization \(313\) SFN 19182](#). If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50131](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.
3. If retirement allowance is issued from the NDPERS Defined Contribution plan, TIAA-CREF, or a Board approved employer sponsored retirement plan, premiums must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50131](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$25.00.

## **CANCELLATION POLICY**

To cancel NDPERS vision coverage, a written request must be submitted. The request must provide the contract holder's name, social security number and effective date. NDPERS must receive a cancellation request by the **15<sup>th</sup>** of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

## **Plan Highlights**

Covered vision services fall into four main categories as shown below:

<b>Service</b>	<b>Deductible*</b>	<b>Benefit Amount**</b>	<b>Waiting Period (Late Entrant)</b>
Vision Examination (Once every 12 months)	None	\$35	None
Frames (Once every 12 months)	\$40	\$40	12 months
Lenses (Per Pair, Once every 12 months)	None		12 months
Single Vision		\$35	
Bifocal		\$50	
Trifocal		\$65	
No Line Bifocal or Progressive		\$70	
Lenticular (cataract surgery)		\$70	
Contact Lenses (Once every 12 months)	\$40	\$75	12 months

\*Lifetime Deductible per person-applies to frames and contact lenses only.

\*\*The benefit paid will be the lesser of the actual amount charged or the benefit amount shown above. You will be responsible for any cost over the plan benefit amounts. Benefits will be paid for glasses or contact lenses but not both each 12 months.

## **PREMIUM INFORMATION**

You can purchase vision coverage for yourself and your eligible dependents by choosing from any one of the following coverage categories. Premium rates are effective until December 31, 2006.

### Monthly Premium

Retiree only	\$ 5.16
Retiree & spouse	\$10.32
Retiree & child(ren)	\$ 9.40
Family (retiree, spouse & children)	\$14.56

## **COVERAGE QUESTIONS?**

Please contact Ameritas, plan administrator, at **1-800-255-4931**.

# RETIREE LONG TERM CARE COVERAGE



## **NEW COVERAGE**

The Long Term Care plan is available to retired employees that are receiving a retirement benefit from North Dakota Public Employees Retirement System (NDPERS), TIAA-CREF, ND Teachers Fund For Retirement (TFFR), or the Job Service Retirement Plan.

You and/or your spouse may enroll at any time and must be medically underwritten. Coverage is effective the first day of the month following approval by UNUM. The [Long-Term Care enrollment kit](#) includes a description of the benefits and the premium information.

Long Term Care (LTC) insurance pays benefits based on your ability to function independently as defined by six Activities of Daily Living (ADLs). The ADLs used to measure your ability to function independently are bathing, dressing, toileting, transferring, continence, and eating. If you lose the functional capacity or require standby assistance to perform any two of the six ADLs, UNUM considers you to have lost the ability. The plan also pays benefits for long-term care needs that result from cognitive impairment that results from advanced age, Alzheimer's disease, or similar forms of irreversible dementia.

The plan offers additional optional features that give you the freedom to design your LTC plan. The "Paid-Up" feature provides protection should you stop paying premiums for any reason. The "Inflation Protection" feature protects your LTC benefit from the impact of inflation. Your premium amount will be based on your age at the time you apply for coverage, the level of coverage you select, and your lifetime maximum benefit amount.

## **PORTABLE COVERAGE**

If you participate in the UNUM Long-Term Care plan, you may elect portable coverage. This means that the same coverage you had under this plan can continue on a direct billing basis.

Any election for portable coverage **MUST** be made within 31 days of the date the group coverage would otherwise end by completing the [UNUM's Election for Portable Coverage](#).

Any premium that applies must be paid directly to Unum by you for any portable coverage to be continued.

Please refer to your "[Certificate of Insurance](#)" for details.

## **COVERAGE QUESTIONS?**

Please contact UNUM, plan administrator, at **1-800-227-4165**.

# FLEXCOMP

## TERMINATION OF EMPLOYMENT



### **MEDICAL SPENDING REIMBURSEMENT ACCOUNT**

If you retire or terminate employment during the Plan Year, you will be offered COBRA continuation coverage through the end of the Plan year on December 31. You will have sixty (60) days from the date the notice of your right to continue coverage is provided by NDPERS to elect continuation coverage, complete the [Continuation of Coverage in Medical Spending Account \(COBRA\) SFN 53512](#). Unless you select COBRA, your coverage will end on the last day of the month in which you terminate your employment.

If you elect COBRA continuation coverage, the remaining program contribution payments will be charged to you in equal payments through the end of the Plan Year at 102%. Any program contribution payment amount in excess of 100% of the cost of providing coverage shall not be credited to the participant's account but shall be treated as an administrative charge.

If continuation coverage is elected, coverage will be extended to the end of the current Plan Year but may terminate sooner if the premiums described above are not paid within 30 days of their due date which is the 1<sup>st</sup> of every month.

If participation terminated due to a separation of service and you return to state employment within 30 days in the same Plan Year, your election will be reinstated as it was immediately prior to the separation of service. If you return to state employment after 30 days in the same Plan Year, you can not participate for the remainder of the Plan Year.

### **DEPENDENT CARE REIMBURSEMENT ACCOUNT**

If you terminate employment, your contributions will cease and payroll deductions will stop after the last day of the month in which you terminate. You may continue to file claims for qualifying expenses incurred during the Plan Year until you have been reimbursed the balance in your account at the time of your termination.

The final day for accepting claims for the Plan Year from either your Medical Spending or Dependent Care Reimbursement account for services received while you were a participant is three months after the Plan Year ends on December 31 or March 31.

# DEFERRED COMP TERMINATION NOTICE



Employees who participate in the deferred compensation plan and who upon termination of employment will receive a lump sum payment for accumulated annual leave, sick leave, or back pay may defer these payments to the deferred comp plan. These deferrals are treated as part of the participant's annual deferrals, and are subject to the IRS annual 457 Plan limits in effect for the year in which the deferrals are made. Lump sum deferrals are subject to FICA before deferral.

Employees must elect to defer sick, annual leave and back pay payments while actively employed and in the month prior to the month of termination by completing the "457 Participant Agreement SFN 3803". The regulations do not allow deferrals for severance or buyout pay or bonuses.

Terminating employees may not begin to receive distributions from a deferred compensation account until they have been off the payroll of covered employer for one month. You may elect to begin distribution immediately after you have satisfied the 30 day period, regardless of your age, or you may defer payments to a future date. **There is no IRS 10% penalty or requirement for age 59 ½.**

Once you have begun distribution, you also have the option of suspending distribution or changing the amount of the distribution, so long as the **minimum required distribution at age 70 ½ is distributed.**

You also have the option to do a direct rollover to an eligible 401(a), 401(k), 457(b), 403(b), IRA or another qualified plan that accepts eligible rollover distributions. If you do a direct rollover, taxes are not due until you begin receiving a distribution from your account.

If you elect a lump sum distribution, you will be subject to a 20% Federal income tax withholding requirement. The Provider Company will send you a 1099R statement the year in which you received distribution from your account.

**Please consult with your investment Provider representative for assistance in selecting a payment option or if you have any questions regarding your tax liability or withdrawal penalties.**

# Estimated Benefit Payment Worksheet



FOR MEMBER USE ONLY – DO NOT RETURN TO NDPERS

GROSS PENSION AMOUNT:       \$ \_\_\_\_\_

LESS DEDUCTIONS:

HEALTH INSURANCE:               \$ \_\_\_\_\_

LIFE INSURANCE:                 \$ \_\_\_\_\_

DENTAL INSURANCE:             \$ \_\_\_\_\_

VISION INSURANCE:             \$ \_\_\_\_\_

FEDERAL INCOME TAX:          \$ \_\_\_\_\_

ND STATE INCOME TAX:         \$ \_\_\_\_\_

NET PENSION AMOUNT:         =====



**NOTICE OF STATUS OR EMPLOYMENT CHANGE**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 53611 (REV. 01-06)

New Retiree

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE AUTHORIZED AGENT**

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**

**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

**PART A MEMBER INFORMATION**

Name (Last, First, Mi)	Social Security Number
Department Name	Department Number

**PART B CHANGE OF STATUS NOTICE**

Effective Date

☐ Leave of Absence/Leave without Pay

Reason for Leave: \_\_\_\_\_

Recertification Date: \_\_\_\_\_ Date of Return: \_\_\_\_\_

☐ Classification Change:

**From**

☐ Classified State ☐ Non-Classified State ☐ Non-State  
☐ Seasonal ☐ Elected Official ☐ Salaried  
☐ Non-Seasonal ☐ Appointed Official ☐ Hourly

**To**

☐ Classified State ☐ Non-Classified State ☐ Non-State  
☐ Seasonal ☐ Elected Official ☐ Salaried  
☐ Non-Seasonal ☐ Appointed Official ☐ Hourly

☐ Reduction in Hours:

☐ \_\_\_\_\_ Hours to \_\_\_\_\_ Hours

☐ Permanent to Temporary/Part-time (Distribute SFN 17627 to employee)

**PART C SEPARATION OF EMPLOYMENT**

☐ Notice of Retirement ☐ Notice of Long Term Disability ☐ Notice of Death ☐ Notice of Termination  
(Do not use this form for Notice of Transfer-Complete a Notice of Transfer Kit)

Has the appropriate "KIT" been provided to employee/surviving spouse? ☐ No ☐ Yes, Date \_\_\_\_\_

Last Date of Service with Current Agency

Date of Last Regular Paycheck

Last Month Insurance Premium(s) will be paid by your agency/or this employee (Month & Year) :

Projected Accumulated hours of sick leave to date of separation:

Last retirement transmittal of deduction (Month & Year):

Last retirement transmittal due: (Month, 8<sup>th</sup>, & Year):

**PART D PLAN INFORMATION** (Check all the plans the employee is currently participating in)

Group Insurance

☐ Health Insurance  
☐ Single Coverage ☐ Family Coverage  
☐ PERS Dental; Current Dental Premium \$ \_\_\_\_\_  
☐ PERS Vision; Current Vision Premium \$ \_\_\_\_\_  
☐ PERS Life Insurance  
☐ PERS Long Term Care

Retirement

☐ Defined Benefit  
☐ Defined Contribution  
☐ TIAA-CREF  
☐ TFFR  
☐ Job Service  
☐ Highway Patrol

Other Plans

☐ Deferred Compensation  
(457/403(b))  
  
☐ PERS Flex Comp (125)

**PART E AUTHORIZATION OF AUTHORIZED AGENT**

I certify that the above information is true and correct.

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Date of Signature

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

## INSTRUCTIONS

### **Part A Member Information**

Enter member's name and social security number  
Enter the employer's name and department number

### **Part B Change of Status Notice**

Complete this section if an employee is on a leave of absence or experiences a reduction in hours.

### **Part C Separation of Employment**

Complete this section if an employee is leaving your service due to Long Term Disability, Death, Termination (non-retirement), or Retirement.

Due to varying payroll cycles employers use, NDPERS needs to confirm the last Transmittal of Deduction for Retirement Contributions for retiring members. This is to ensure benefits are paid to a member for the correct time period and not overpaid or underpaid.

Eligible "Wages" and "salaries" means the member's earnings in eligible employment under this chapter reported as salary on the member's federal income tax withholding statements plus any salary reduction or salary deferral amounts under 26 U.S.C. 125, 401(k), 403(b), 414(h), or 457. "Salary" does not include fringe benefits such as payments for unused sick leave, personal leave, vacation leave paid in a lump sum, overtime, housing allowances, transportation expenses, early retirement incentive pay, severance pay, medical insurance, workforce safety and insurance benefits, disability insurance premiums or benefits, or salary received by a member in lieu of previously employer-provided fringe benefits under an agreement between the member and participating employer. Bonuses may be considered as salary under this section if reported and annualized pursuant to rules adopted by the board.

If an employee is leaving your service because of a transfer to another participating PERS employer, you must complete a Notice of Transfer Kit. Please always refer to PERS listing of participating employers to determine if an employee is transferring employment.

A PERS "Kit" must be given to the employee or surviving spouse to complete. **A completed kit must accompany the Notice of Status or Employment Change.**

### **Part D Plan Information**

Indicate ALL the plans your employee participates in through your agency.

### **Part E Authorization of Authorized Agent**

Your agency's designated PERS authorized agent must sign and date this form.



**APPLICATION FOR RETIREMENT BENEFITS**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 2562 (Rev. 01/06)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A MEMBER INFORMATION</b>				
Name (Last, First, MI)			Social Security Number	
Date of Birth	Sex	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Home Phone Number	
Address		City	State	Zip Code
<b>PART B APPLICATION FOR RETIREMENT BENEFITS</b>				
Date Retirement Benefits Begin (Month / Day / Year) _____ / _____ / _____				
<b>DEFINED BENEFIT PLAN</b>			<b>DEFINED CONTRIBUTION PLAN</b>	
<b>SECTION 1 RETIREMENT OPTION (Check One)</b>				
<input type="checkbox"/> Deferred Retirement (Under Age 65) <input type="checkbox"/> Early Retirement (Age 55-64)			<input type="checkbox"/> Deferred Retirement	
<input type="checkbox"/> Normal Retirement (Rule of 85 OR Age 65 & Over)			<input type="checkbox"/> Retirement Allowance	
<b>SECTION 2 RETIREMENT PAYMENT OPTIONS (Check One)</b>				
<input type="checkbox"/> Single Life / Normal Retirement			<input type="checkbox"/> Periodic/Monthly Payment	
<input type="checkbox"/> 50% Joint Survivor/Life <input type="checkbox"/> 100% Joint Survivor/Life			A Fidelity Investments Distribution Form <b>MUST</b> be completed and <b>submitted</b> with this form.	
<input type="checkbox"/> 10 Year Term Certain/Life <input type="checkbox"/> 20 Year Term Certain/Life				
<input type="checkbox"/> Social Security Level Income:				
(Check One) <input type="checkbox"/> Age 62 <input type="checkbox"/> _____ other age <input type="checkbox"/> Normal Retirement Age				
<b>SECTION 3 RETIREE HEALTH CREDIT OPTIONS ( Check One)</b>				
<input type="checkbox"/> I elect the standard retiree health credit option specific to the retirement option selected in section 2.			<input type="checkbox"/> I elect the standard retiree health credit option	
<input type="checkbox"/> If married and selected either the single life, 20 or 10 year term certain/life, or social security level income; I elect the following alternate actuarially reduced retiree health credit option			<input type="checkbox"/> If married, I elect the following alternate actuarially reduced retiree health credit option	
(Check One): <input type="checkbox"/> 50% Joint Survivor Life <input type="checkbox"/> 100% Joint Survivor Life			(Check One): <input type="checkbox"/> 50% Joint Survivor Life <input type="checkbox"/> 100% Joint Survivor Life	
<b>PART C SICK LEAVE CONVERSION (DEFINED BENEFIT PLAN ONLY)</b>				
Do you wish to purchase all or part of your unused sick leave into retirement service credit? (FAS x 9.12% x months = cost)				
<input type="checkbox"/> No <input type="checkbox"/> Yes, Number of Months (Hours ÷ 173.3 = months): _____				
<b>PART D AUTHORIZATION</b>				
I elect to receive the retirement benefits and health credit as indicated in PART B. I understand I must submit a photocopy of my birth certificate. (If married, also submit a photocopy of spouse's birth certificate & marriage certificate)				
_____ Member's Signature			_____ Date	

**ORIGINAL TO NDPERS - PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

**Please refer to the “Group Retirement Plan” sheet.**

**Part A Member Information**

Enter your name, social security number, date of birth, sex, marital status, daytime phone number, and mailing address.

**Part B Application for Retirement Benefits**

Enter the month and year you want your retirement benefits to begin. Your retirement effective date will be the first of the month following your last date of service or last date of pay, whichever is later. Your actual payment is the month following your effective date.

If you participate in the Defined Benefit Plan, complete the left side of Part B. If you participate in the Defined Contribution Plan, complete the right side of Part B.

*Defined Benefit Plan:*

- Section 1: Indicate if you are deferring your retirement benefits to a later age or if immediately drawing retirement benefits. Indicate if you are an early retiree or a retiree meeting normal retirement age.
- Section 2: Check your retirement payment option. Once you elect your payment option and start drawing a pension, the election becomes irrevocable. The only exception is if your spouse passes away and you are drawing benefits under a Joint & Survivor/Life payment option.
- Section 3: Check your retiree health credit option. You must make an election even though you may not be currently participating in the PERS group health insurance plan.

If you are drawing a pension and are enrolled in the Dakota Plan or Dakota Retiree Plan, this retiree health insurance credit will be applied towards the premium.

*Defined Contribution Plan:*

- Section 1: Indicate if you are deferring your retirement benefits to a later age or if you are immediately drawing a retirement allowance.
- Section 2: If you are immediately drawing a retirement allowance, a Fidelity Investments Distribution form must be submitted with this form.
- Section 3: Check your retiree health credit option. You must make an election even though you may not be currently participating in the PERS group health insurance plan.

If you are drawing a retirement allowance and are enrolled in the Dakota Plan or Dakota Retiree Plan, this retiree health insurance credit will be applied towards the premium. This retiree health insurance can only be applied if or when you have attained age 55 or the Rule of 85, whichever occurs first.

**Part C: Sick Leave Conversion**

This section is to be completed ONLY if you participate in the Defined Benefit Plan. Defined Contribution Plan members are not eligible to purchase unused sick leave.

**Part D: Authorization**

You must provide a legible photocopy of your birth certificate and if married, your spouse's birth certificate and marriage certificate.

**YOU MUST SIGN AND DATE PART D TO VALIDATE THIS FORM.**

**APPLICATION FOR THE PARTIAL LUMP SUM OPTION – DEFINED BENEFIT****NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**

SFN 54373 (Rev. 06/05)

New Retiree

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657**  
**(701) 328-3900 OR (800) 803-7377 • FAX: (701) 328-3920**

**PART A MEMBER INFORMATION**

Name (Last, First, Mi)

Social Security Number

**PART B NOTICE TO MEMBER**

The Partial Lump Sum Option (PLSO) is NOT available to early and disabled retirees, or surviving spouses. The PLSO allows you to take a partial lump sum distribution equal to 12 monthly payments determined under the Single Life/Normal benefit option. (No variations will be accepted). If this option is elected, your monthly benefit will be actuarially reduced. You will still be permitted to choose one of the optional forms of payment for your ongoing monthly benefit with exception of the Level Social Security Income option. In addition, the PLSO payment, as well as your ongoing monthly benefits, will be subtracted from your individual minimum guarantee.

This option is a once in a life time election and made at the time of your initial retirement. You may not make an election after receiving your first retirement check nor apply for a second PLSO upon subsequent reemployment and retirement.

Please read the “**Special Tax Notice Regarding Plan Payments**” before continuing. Under Federal law, NDPERS is required to provide this information a minimum of 30 days prior to a distribution. This may affect the date of your PLSO payment.

**PART C APPLICATION FOR PARTIAL LUMP SUM PAYMENT (PAID TO MEMBER)**

1. ☐ Check this box if you wish to elect a lump sum payment payable to you minus 20% for Federal income tax.
2. Please indicate if you want NDPERS to withhold North Dakota State income tax. If you DO NOT indicate your preference, ND State income tax will be automatically withheld. After a lump sum payment is issued, any adjustments to Federal or State income tax paid is the responsibility of the taxpayer. Check One: ☐ Yes- Withhold North Dakota State Income Tax  
☐ No – DO NOT Withhold North Dakota State Income Tax

**PART D APPLICATION FOR PARTIAL LUMP SUM PAYMENT (DIRECT ROLLOVER)**

☐ Check this box if you wish to have a direct rollover of your PLSO.

**Please have a letter of acceptance forwarded to NDPERS from the financial institution. If any portion of your PLSO includes non-taxable income, then the letter of acceptance is required before your request will be processed.**

Make Check Payable To (Financial Institution):

Member's Account Number with Receiving Institution (If Available):

Mailing Address of Financial Institution:

City

State

Zip + 4 Code

Portion to be rolled over:

☐ All of my taxable income ☐ \_\_\_\_\_ % of my account ☐ All of my taxable & non-taxable income ☐ \$\_\_\_\_\_ of my account

If no election is indicated, then NDPERS will automatically roll over 100% of your taxable income to your designated financial institution. Any non-taxable income will be mailed to you.

My NDPERS benefits are being rolled into (choose one): ☐ A Defined Contribution Plan ☐ A Traditional IRA

**PART E AUTHORIZATION**

I have reviewed and understand the above provisions, and hereby elect the Partial Lump Sum Option. I understand my election is irrevocable and that the Partial Lump Sum option is a once in a life-time election.

Signature of Member

Date

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

## INSTRUCTIONS

### PART A MEMBER INFORMATION

Enter your name, social security number.

### PART B NOTICE OF MEMBER

Read this section carefully! This section contains important information that you need to know before making an election.

### PART C APPLICATION FOR PARTIAL LUMP SUM PAYMENT (PAID TO MEMBER)

Complete this section to authorize a Partial Lump Sum Payment paid direct to you.

Payments are subject to Federal and ND State income tax. NDPERS is required to withhold Federal income tax; however, you may authorize NDPERS to withhold ND State income tax from your payment. If no preference is indicated, NDPERS will automatically withhold 21% of the federal tax withheld. After a payment is issued, any adjustments to Federal or State income tax paid will be your responsibility.

### PART D APPLICATION FOR PARTIAL LUMP SUM PAYMENT (DIRECT ROLLOVER)

Complete this section to authorize a Partial Lump Sum Payment as a direct rollover.

1. Enter the name of the plan or financial institution accepting the direct rollover (**i.e. who the check should be made payable to - who will endorse the check**). Please have your plan or financial institution forward a letter of acceptance of funds to NDPERS. If any portion of your rollover is non-taxable income, this will be required before your rollover is completed.
2. Enter your account number with the plan or financial institution where your funds will be rolled over.
3. Enter the full mailing address to which the direct rollover payment should be mailed. **DO NOT LIST YOUR PERSONAL MAILING ADDRESS: NDPERS CAN NOT SEND A DIRECT ROLLOVER TO A MEMBER'S HOME.**
4. Indicate how much of the income should be directly rolled over. If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated financial institution and mail any nontaxable income directly to you.
5. Check if your retirement fund is being rolled over into a Defined Contribution plan or a Traditional IRA.

### PART E AUTHORIZATION

You must sign and date this section for the form to be valid.



**DESIGNATION OF BENEFICIARY FOR THE GROUP RETIREMENT PLAN**  
**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
SFN 2560 (Rev. 01-06)

New Retiree

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

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**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A MEMBER INFORMATION</b>					
Name (Last, First, Mi)		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Social Security Number	
Spouse Name (Last, First, Mi)		Spouse Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number	
<b>PART B PRIMARY BENEFICIARY (IES) – Complete all sections</b>					
Name	Relationship	Social Security Number	Birth Date	% Share	Address
Total must equal				100%	
<b>PART C CONTINGENT/SECONDARY BENEFICIARY(IES)</b>					
Name	Relationship	Social Security Number	Birth Date	% Share	Address
Total must equal				100%	
<b>PART D MEMBER AUTHORIZATION</b>					
<p>I understand that this election revokes any previous retirement account beneficiary designations. I understand that, if married, any initiation of dissolution or annulment of my marriage may void this designation. I have read and understand the terms and conditions listed on page 2 of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.</p> <p>_____</p> <p>Member Signature Date of Signature</p>					
<b>PART E SPOUSE AUTHORIZATION</b>					
<p><b>IF YOU ARE MARRIED AND DESIGNATE A BENEFICIARY OTHER THAN OR IN ADDITION TO YOUR SPOUSE, YOUR SPOUSE MUST COMPLETE THIS SECTION</b></p> <p>If a member dies while actively employed before completing three years of service, a lump sum payment of his/her retirement account will be paid to the listed beneficiary (ies).</p> <p>If a member with three or more years of credited service is married, North Dakota law requires the spouse's consent before benefits can be paid other than to the member's spouse. (NDCC 30.1-05-02). If spouse's consent is given, please be advised, that if your primary beneficiary election is someone in addition to or in lieu of your spouse, there is no monthly pre-retirement death benefit provision.</p> <p>I consent to the above retirement beneficiary (ies) designated by the above named NDPERS member.</p> <p>_____</p> <p>Spouse Signature Date of Signature</p>					

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

## DESIGNATION OF BENEFICIARY FOR THE GROUP RETIREMENT PLAN

SFN 2560 (Rev. 01-06)

### PROVISIONS FOR ALL BENEFITS

1. This "Designation of Beneficiary" is for the group Retirement Plan only. To designate beneficiary (ies) for the group Life Insurance Plan, please complete a "Life Designation of Beneficiary Change SFN 53855".
2. **EFFECTIVE WHEN FILED:** This designation will be effective when properly executed and received in the NDPERS office.
3. **SUBJECT TO LAWS AND REGULATIONS:** This designation is subject to the governing statutes and to rules and regulations established by the Retirement Board of the North Dakota Public Employees Retirement System. The acceptance of the designation by NDPERS does not establish that a survivor benefit will be payable. Whether or not a benefit is payable and the amount thereof will be determined at the time of death under laws and regulations then applicable.
4. **WHO IS ELIGIBLE TO BE A BENEFICIARY:** Any person, whether or not a relative, or a church or charity may be designated as a primary or contingent beneficiary. A member may also designate his or her estate as beneficiary and the benefits will be distributed according to his or her testamentary will or according to the state laws for interstate distribution. A creditor of a member (such as a bank, credit union, loan company, etc.) may not be named a beneficiary as a means of providing security for a debt. (N.D.C.C. 28-22-19)
5. **TWO OR MORE BENEFICIARIES:** If more than one person in a class (primary or contingent beneficiary) is named, they will share equally in the benefit unless specific shares are designated. If specific shares are designated, they must equal 100 percent. The benefit will be distributed as directed by the designation. If a named beneficiary does not survive, the share will be distributed among any surviving beneficiaries in proportion to the shares designated.

**If shares are not designated, NDPERS will distribute benefits equally to the named beneficiary (ies).** As this distribution may not reflect the member's preference, we recommend the member be sure to designate the percent of share for each listed beneficiary.

NOTE: Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established.

7. If there are no surviving beneficiaries, all benefits will be paid to your estate.
8. A **certified** copy of the death certificate must be sent to NDPERS to process a claim.

### PROVISIONS FOR RETIREMENT BENEFITS ONLY

1. **DEATH OF ACTIVELY EMPLOYED MEMBER:**
  - A. If a member dies while actively employed before completing three years of service, a lump sum payment of his/her retirement account will be paid to whoever is the listed beneficiary(ies).
  - B. If a member dies after completing three years of service, his/her retirement account will be distributed pursuant to N.D.C.C. 54-52-17(6) and N.D.C.C. 39-03.1-11(6).
2. **DEATH OF RETIREE:** Benefits will be paid to the named beneficiary based upon the option selected by the member at retirement. If there are no surviving beneficiaries, any remaining cash value will be paid to your estate.
3. **DEATH OF SURVIVING SPOUSE:** A lump sum payment of any remaining cash value will be paid to the spouse's named beneficiary. If there are no surviving beneficiaries, any remaining cash will be paid to the spouse's estate.

North Dakota Public Employees Retirement System  
400 E Broadway, Suite 504  
P.O. Box 1657  
Bismarck, North Dakota 58502-1657  
Telephone: (701) 328-3900  
Toll Free: 1-800-803-7377

**AUTHORIZATION FOR DIRECT DEPOSIT FOR ANNUITY PAYMENTS**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 18379 (Rev. 03/04)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

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**(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920**

<b>PART A      ANNUITANT / PAYEE (Must Be Completed By Member)</b>												
Annuitant/Payee		Social Security Number										
<p>I authorize the North Dakota Public Employees Retirement System (NDPERS) and the financial institution named on this form to initiate electronic fund transfer (EFT) of my monthly retirement benefit to my account indicated below. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.</p> <p><input type="checkbox"/> Checking Account Number: _____</p> <p><input type="checkbox"/> Savings Account Number: _____</p> <p>This authorization will remain in effect until I notify NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it.</p> <p>I agree to the terms listed on this authorization.</p> <p>_____ Signature of Annuitant/Payee</p> <p>_____ Date</p>												
<b>PART B      FINANCIAL INSTITUTION ( Must Be Completed By Institution)</b>												
Name of Financial Institution												
Mailing Address		City	State      Zip Code									
Payee's Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings										
Routing Number (9 Digits) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
<p>We, the financial institution named on this form, agree to receive and deposit sums for the payee. We agree to notify NDPERS upon becoming aware of the death of the payee.</p> <p>The payee has the right to cancel this authorization, and we reserve the right to cancel this agreement by written notice to the payee. NDPERS retains the right to reclaim all amounts paid in error to the member or authorized financial institution.</p> <p>_____ Signature of Financial Institution Representative</p> <p>_____ Date of Signature</p>												
Financial Institution Representative (Please Print)		Title	Telephone Number									
<b>PART C      NDPERS USE ONLY</b>												
Effective Date:												

**ORIGINAL TO NDPERS – PLEASE MAKE A PHOTOCOPY FOR YOUR RECORDS**

# AUTHORIZATION FOR DIRECT DEPOSIT FOR ANNUITY PAYMENT

SFN 18379 (Rev. 03/04) Page 2

## INSTRUCTIONS AND CONDITIONS

**IMPORTANT NOTICE** - This form is to be used only for North Dakota Public Employees Retirement System Benefit Payments.

If you wish your monthly benefit payments sent to your financial organization for deposit into your savings or checking account, both you and the financial organization must complete this form to authorize this action. The North Dakota Public Employees Retirement System will forward these payments to the point you authorize. The financial organization may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

**THIS FORM ONLY AUTHORIZES DEPOSITS INTO YOUR ACCOUNT.  
IT DOES NOT AUTHORIZE WITHDRAWALS FROM YOUR ACCOUNT.**

### PART A ANNUITANT / PAYEE SECTION

**LINE 1** – Print or type the full name and social security number of the person to whom the payment is made.

**LINE 2** – Check the type of account and print account number for the account in which this payment is to be deposited.

**LINE 3** - Sign and date the form.

### PART B FINANCIAL INSTITUTION SECTION

After completing the top portion of this form, the form should be delivered or sent to the designated financial institution. Upon completion, you and the financial institution should retain a photocopy for your records and the original is to be sent to:

North Dakota Public Employees Retirement System  
P.O. Box 1657  
Bismarck, ND 58502-1657  
Telephone: (701) 328-3900

### CANCELLATION INSTRUCTIONS

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System, or in the event of your death. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

### FINANCIAL INSTITUTION

Immediate credit will be given the first working day of each month through your correspondent bank account at the Bank of North Dakota.



**FORM W-4P (SUBSTITUTE) TAX WITHHOLDING CERTIFICATE**  
**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
 SFN 51506 (Rev.01-06)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

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**1- 800- 803- 7377 • 701- 328-3900 • Fax 701- 328-3920**

<b>PART A MEMBER INFORMATION</b>			
Name (Last, First, Middle)			Social Security Number
Mailing Address	City	State	Zip Code +4
Effective Date _____/_____/_____		Daytime Telephone Number	
Please read the instructions on the reverse side of this form and complete the following applicable line(s):			
<b>PART B FEDERAL INCOME TAX WITHHOLDING</b>			
1. I elect NOT to have federal income tax withheld from each periodic pension payment (Do not complete lines 2 or 3.) ..... <input type="checkbox"/>			
2. I want federal income tax withheld from each periodic pension payment which is figured <b>by using the number of allowances and marital status</b> shown below: (You may also designate an additional dollar amount on line 3.)			
<b>Step 1:</b> Check marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at the higher Single rate			
<b>Step 2:</b> Enter number of allowances → _____			
3. I want the following additional amount withheld from each periodic pension payment. (You cannot enter an amount here unless you complete line 2.) ..... \$ _____			
<b>PART C NORTH DAKOTA STATE INCOME TAX WITHHOLDING</b>			
1a. I elect NOT to have North Dakota state income tax withheld from each periodic pension payment. (Do not complete line 2a.) ..... <input type="checkbox"/>			
2a. I want North Dakota State income tax withheld from each periodic pension payment. (Figured as 21% of federal withholding)..... <input type="checkbox"/>			
<b>PART D MEMBER AUTHORIZATION</b>			
Member's Signature			Date of Signature

**This form is available in an IRS format upon request.**

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

# FORM W-4P (SUBSTITUTE) TAX WITHHOLDING CERTIFICATE

SFN 51506 (Rev. 01-06)

## TAX WITHHOLDING INFORMATION AND INSTRUCTIONS

Your benefits from NDPERS are subject to federal and state income tax withholding. Use Form W-4P (Substitute) to inform NDPERS of your income tax withholding election. The amount withheld will automatically change as the federal tax rates are adjusted each year.

Once you make an election, it will remain in effect until you change or revoke it. You must file a new Form W-4P to change your filing status and/or the number of exemptions used in determining the amount being withheld from your pension benefit.

If you choose not to have tax withheld or do not have enough tax withheld, you may have to make estimated tax payments to the Internal Revenue Service (IRS). You may be subject to penalties if your payments of estimated tax and withholding are not sufficient.

If you do not complete Form W-4P, NDPERS is required to withhold federal income tax as though you are married with three (3) withholding allowances. We are not required to withhold North Dakota state income tax.

### **Federal Income Tax Withholding**

1. You can elect not to have income tax withheld by checking the box on line 1 of Form W-4P.
2. To have federal income tax withheld complete line 2 of Form W-4P. For federal income tax purposes, the amount of withholding is based on the marital status and the number of allowances (including zero) you identify on this form.
3. You can also have an additional amount withheld from your NDPERS pension payment by completing line 2 of Form W-4P and writing in an additional amount on line 3 of this form.

### **North Dakota Income Tax Withholding**

For North Dakota residents, your NDPERS pension benefit is subject to state income taxes. If you are not a North Dakota resident, the benefits are taxable in the state in which you live.

- 1a. You can elect not to have ND state income tax withheld by checking the box on line 1a of Form W-4P.
- 2a. To have ND state income tax withheld (21% of federal withholding), check the box on line 2a of Form W-4P.

**Personal income tax questions should be directed to your tax advisor, accountant, or the Internal Revenue Service Center.**



# RETIREE CONTINUATION OF GROUP HEALTH INSURANCE COVERAGE (COBRA)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53799 (Rev. 01-06)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number

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**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

## PART A MEMBER INFORMATION

Name (Last, First, MI)	Social Security Number
------------------------	------------------------

## PART B NDPERS GROUP HEALTH INSURANCE

Do you wish to continue your current coverage in the NDPERS Group Health Insurance Plan? ☐ Yes ☐ No

If Yes at ☐ Current Level of Coverage OR

☐ Reduced Level of Coverage (Self Only) (**SFN 16277 MUST accompany this form**)

Employees terminating employment, or otherwise losing eligibility, may continue their NDPERS Group Health Coverage at their own expense for a maximum of 18 months subject to the following:

- 1) You must be a member of the plan at time of loss of eligibility.
- 2) Your spouse or any other dependent(s) applying for this continuation coverage must be a member of the plan at time of loss of eligibility.
- 3) You must complete and submit this election form to NDPERS within 60 days from your last date of coverage.

If you do not choose continuation coverage, your group health coverage will end on the last day of the month for which premiums were paid.

## PART C PAYMENT METHOD & MEMBER AUTHORIZATION

**DO NOT SEND MONEY WITH THIS FORM.** If a payment method is not elected, you will be billed for the premium due. NDPERS bills the last week of each month for the following month's coverage. Your payment is due the 15<sup>th</sup> of the month. Failure to remit your premium by the due date will result in loss of health coverage.

<p><b>RETIREMENT GROUP</b></p> <p><input type="checkbox"/> NDPERS/NDHPRS <input type="checkbox"/> TFFR <input type="checkbox"/> JOB SERVICE →</p> <hr/> <p><input type="checkbox"/> TIAA-CREF <input type="checkbox"/> NDPERS DEFINED CONTRIBUTION →</p> <p><input type="checkbox"/> EX-LEGISLATOR</p>	<p><b>PAYMENT OPTION – MUST SELECT ONE</b></p> <p><input type="checkbox"/> Deduct from pension check</p> <p><input type="checkbox"/> Withhold from bank account (Complete SFN 50134)</p> <hr/> <p><input type="checkbox"/> Withhold from bank account (Complete SFN 50134)</p>
--	--

I have read this application in its entirety (**including the back page**) and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

## PART D NDPERS USE ONLY

Group Number	Month the last health insurance premium will be paid:	Effective date of coverage:
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**ORIGINAL TO NDPERS – PLEASE MAKE A PHOTOCOPY FOR YOUR**

## RETIREE CONTINUATION OF GROUP HEALTH INSURANCE COVERAGE (COBRA)

SFN 53799 (Rev.01-06) Page 2

On July 1, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end.

If you are the spouse of an employee covered by the employer's group health plan, you have the right to choose continuation coverage for yourself if you lose group health coverage under the group plan for any of the following four reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for the reasons other than gross misconduct) or reduction in your spouse's hours of employment with the employer.
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to (that is, covered by) Medicare.

In the case of a dependent child of an employee covered by the employer's group health plan, he or she has the right to continuation coverage if group health coverage under the group health plan is lost for any of the following reasons:

1. The death of the employee;
2. A termination of the employee's employment (for reasons other than a gross misconduct) or reduction in the employee's hours of employment with the employer;
3. The employee's divorce or legal separation;
4. The employee becomes entitled to (that is, covered by) Medicare;
5. The dependent child ceases to be a "dependent child" under the group health plan.

Under the law, the employee or a family member has the responsibility to inform NDPERS of a divorce, legal separation or a child losing dependent status under the group health plan within 60 days of the date of the event. The employer with whom you have your NDPERS group health benefit plan has the responsibility to notify NDPERS of an employee's death, termination, and reduction in hours of employment or Medicare entitlement.

When NDPERS is notified that one of these events has happened, NDPERS will in turn notify you that you have the right to choose continuation coverage. Under the law you have at least 60 days from the date you would lose coverage because of one of the events described above to inform NDPERS that you want continuation coverage.

If you do not choose continuation coverage on a timely basis, your group health insurance coverage will end. Not choosing continuation coverage may cause a break in your continued coverage and such break of more than sixty-three days may cause loss in coverage portability.

If you choose continuation of coverage, NDPERS is required to give you coverage, which, as of the time coverage is being provided is identical to the coverage provided under the group health plan to similarly situated employees or family members.

In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage. The 18 months may extend to 29 months if an individual is determined by the Social Security Administration to be disabled (for Social Security disability purposes) as of the termination or reduction in hours of employment or within 60 days thereafter. To benefit from this extension, you must notify NDPERS of the determination within 60-days or before the end of the original 18-month period. The affected individual must also notify NDPERS within 30 days of any final determination that the individual is no longer disabled.

However, the law also provides that continuation coverage may be cut short for any of the following five reasons:

1. The employer no longer provides group health coverage to any of its employees;
2. The premium for your continuation coverage is not paid on time;
3. You become entitled to (that is, covered by) Medicare; or
4. You extend coverage for up to 29 months due to disability and there has been a final determination that you are no longer disabled.



# RETIREE GROUP HEALTH INSURANCE APPLICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 16277 (Rev. 12-05)

New Retiree

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657**

**(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920**

## PART A MEMBER INFORMATION

Member Name (Last, First, Mi)		Social Security Number	
<input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Retirement	Date of Birth	Sex
Spouse Name (Last, First, Mi)		Social Security Number	Date of Birth
Address	City	State	Zip Code + 4

## PART B TYPE OF COVERAGE REQUESTED

☐ I **DO NOT** want health insurance at this time ☐ Single Coverage = myself only  
☐ Family Coverage = myself and spouse **OR** myself and eligible children **OR** myself, spouse and eligible children.  
**Please provide information below on yourself, for family coverage, provide information for your spouse and all current dependents.**

Last Name	First Name	Date of Birth	Sex	Relation	Medicare Part A*	Medicare Part B*	Effective Date
(Self)					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(Spouse)					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(Dependent)					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(Dependent)					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(Dependent)					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**\*If you checked YES, you MUST submit a photocopy of the applicable Medicare ID card/s and complete the MedicareBlue Rx Prescription Drug Plan Group Enrollment Form.**

In order to continue or obtain coverage under the Dakota Plan or Dakota Retiree Plan, any Medicare Eligible member MUST carry both Parts A & B of Medicare.

## PART C PAYMENT METHOD & MEMBER AUTHORIZATION

RETIREMENT GROUP	PAYMENT OPTION – MUST SELECT ONE
<input type="checkbox"/> NDPERS/NDHPRS <input type="checkbox"/> TFFR <input type="checkbox"/> JOB SERVICE	<input type="checkbox"/> Deduct from pension check <input type="checkbox"/> Withhold from bank account (Complete <a href="#">SFN 50134</a> )
<input type="checkbox"/> TIAA-CREF <input type="checkbox"/> NDPERS DEFINED CONTRIBUTION <input type="checkbox"/> EX-LEGISLATOR <input type="checkbox"/> Alternate Retirement System	<input type="checkbox"/> Withhold from bank account (Complete <a href="#">SFN 50134</a> )

I authorize the Social Security Administration to furnish Blue Cross Blue Shield of North Dakota with medical or other information acquired under the Title XVIII Program (MEDICARE) during the periods my contracts are in force. I authorize BCBS of North Dakota, or its agent to receive medical information from physicians, hospitals, and other health care providers in order to assure appropriateness of claims payment.

I read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any Benefit Plans insured based on this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

## PART D NDPERS USE ONLY

Group Number	Effective date of coverage:	Effective date of change:
<input type="checkbox"/> Retirement <input type="checkbox"/> New Coverage <input type="checkbox"/> Medicare Update <input type="checkbox"/> Disability <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> COBRA Ending <input type="checkbox"/> Transfer from NDPERS Contract No. _____	<b>Change in Dependents</b> <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Remove Dependent(s)	<b>Change in Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

**Please refer to the “Dakota Plan & Dakota Retiree Plan” sheets.**

**Part A      Member Information**

Enter your name, date of retirement, marital status, social security number, date of birth, and sex.

Enter your spouse’s name, social security number, date of birth, and sex.

Enter your mailing address and day time telephone number.

**Part B      Type of Coverage Requested**

Check the appropriate level of coverage.

If you do not want health coverage, mark the appropriate box and skip to “Signature of Applicant” in Part C--Sign and date.

If selecting family coverage, list all covered dependents.

Our health insurance subscribers **MUST** have both Part A and Part B of Medicare to remain eligible for our health plan. Therefore, to remain on our plan or obtain new coverage, any eligible Medicare member should not defer Part B of Medicare when he/she becomes eligible for it.

Any eligible Medicare member must provide proof of enrollment by submitting a photocopy of the applicable Medicare ID card.

Any eligible Medicare member must also complete the Medicare Blue Rx Prescription Drug Plan Group Enrollment Form. You can obtain this form by calling NDPERS at 328-3900 or 1-800-803-7377.

**Part C      Payment Method**

If you are drawing a pension from a PERS defined benefit plan (NDPERS/NDHPRS), the Teacher’s Fund for Retirement (TFFR), or the Job Service Retirement Plan, you can have your health insurance premium deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account.

If you are drawing a pension from TIAA-CREF or the NDPERS Defined Contribution Plan or you are an ex-legislator, your health insurance premiums must be withheld from a bank account.

**You must sign and date this section for the form to be valid.**



**RETIREE LIFE INSURANCE APPLICATION**  
**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
 SFN 53622 (REV. 06/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657**  
**(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3902**

<b>PART A MEMBER INFORMATION</b>					
Name (Last, First, Mi)				Social Security Number	
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced			Date if changing marital status		Date of Birth
<b>PART B NDPERS GROUP LIFE INSURANCE</b>				<b>Effective Date:</b>	
<input type="checkbox"/> I elect <b><u>NOT</u></b> to Continue my Group Life Insurance <input type="checkbox"/> I elect <b><u>To</u></b> continue my Group Life Insurance: (Check appropriate coverages below)					
<input type="checkbox"/> Basic Life					
<input type="checkbox"/> Supplemental Life:		<input type="checkbox"/> At Current Level of Coverage		<input type="checkbox"/> At a Reduced Level of Coverage: \$ _____ .00	
<input type="checkbox"/> Dependent Life:		<input type="checkbox"/> At Current Level of Coverage		<input type="checkbox"/> At a Reduced Level of Coverage: \$ _____ .00	
<input type="checkbox"/> Spouse Supplemental Life:		<input type="checkbox"/> At Current Level of Coverage		<input type="checkbox"/> At a Reduced Level of Coverage: \$ _____ .00	
<input type="checkbox"/> Beneficiary (ies) Update					
<b>PART C PAYMENT METHOD</b>					
<b>RETIREMENT GROUP</b>			<b>PAYMENT OPTION (must select one)</b>		
<input type="checkbox"/> NDPERS/NDHPRS <input type="checkbox"/> TFFR <input type="checkbox"/> JOB SERVICE    →			<input type="checkbox"/> Deduct from my Pension Check <input type="checkbox"/> Withhold from bank account (MUST Complete <a href="#">SFN 50134</a> )		
<input type="checkbox"/> NDPERS DEFINED CONTRIBUTION    → <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> EX - LEGISLATOR			<input type="checkbox"/> Withhold from bank account (MUST Complete <a href="#">SFN 50134</a> )		
<b>PART D DESIGNATION OF BENEFICIARY</b>					
Primary Beneficiary (ies) (If person enter: Last, First, Mi)	Relationship	Social Security No.	Birth Date	%Share must = 100%	Address
Contingent/Secondary Beneficiary(ies) (If person enter: Last, First, Mi)	Relationship	Social Security No.	Birth Date	%Share must = 100%	Address
<b>PART E MEMBER AUTHORIZATION</b>					
I authorize all physicians and other medical professional, hospitals, and other medical care institution, insurers, medical or hospital service and prepaid health plans, employers and group policyholders, contract holders or benefit plan administrators to provide Prudential and any benefit plan administrator, consumer reporting agencies, attorneys and independent claim administrators acting on Prudential's behalf with information concerning medical care, advice, treatment or supplies provide the patient including information on mental illness and any employment related information regarding the Patient. This information will be used for the purpose of evaluating and administering claims for benefits.					
I read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any Benefit Plans insured based on this application.					
_____ Signature of Applicant				_____ Date Signed	
<b>PART F NDPERS USE ONLY</b>					
Group Number	Month the last life insurance premium will be paid:			Effective date of coverage:	

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

## RETIREE LIFE INSURANCE APPLICATION

SFN 53622 (REV. 06/05) Page 2

### Part A Member Information

Enter your name, social security number, date of birth, and marital status.

### Part B NDPERS Group Life Insurance

Indicate the effective date of your election.

Check the appropriate box(es) to elect or not to elect and the levels of coverage you had as an active employee and wish to continue. You must continue the basic life to continue the employee supplemental, the employee supplemental to continue dependent life, and the dependent life to continue spouse supplemental.

Check the appropriate box(es) to either maintain the same level of coverage you had as an active employee or elect to decrease your level of coverage. NOTE: YOU CANNOT INCREASE ANY LEVELS OF COVERAGE AS A RETIREE.

### Part C Payment Method

If you are drawing a pension from a PERS defined benefit plan (NDPERS/NDHPRS), the Teacher's Fund for Retirement (TFFR), or the Job Service Retirement Plan, you can have your life insurance premium deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account.

If you are drawing a pension from TIAA-CREF or the NDPERS Defined Contribution Plan or you are an ex-legislator, your life insurance premiums must be withheld from a bank account.

### Part D Designation of Beneficiary

Use full legal name. (Example: "Anna May Smith," not Mrs. John Smith")

A member may designate contingent beneficiary (ies) who will receive benefits if the primary beneficiary (ies) predecease member.

If you have more than two designated beneficiaries in either the primary or contingent beneficiary sections, please submit a typed attachment and include your name, social security number, signature, and date.

#### NOTE:

Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established.

#### ESTATE

If an estate is named, specify whose estate such as: "Estate of the Insured." Full name and address of the executor must be included.

#### TRUSTEE

1. Trustee under the last will and testament of the insured, or his/her successors in trust, PROVIDED, HOWEVER, that if no claim is made by the Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing the trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
2. "The \_\_\_\_\_ Trust Company, trustee under written trust agreement date (month, date, year) \_\_\_\_\_, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability." Full name and address of trust administrator must be included.

IT IS IMPORTANT TO KEEP YOUR BENEFICIARY DESIGNATIONS CURRENT IF YOU EXPERIENCE LIFE CHANGE EVENTS.

### Part E Member Authorization

You must sign and date this section for this form to be valid.

### Part F NDPERS use only

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**Converting  
Group Term  
Life Insurance  
to Individual  
Insurance**



## **Converting Group Term Life Insurance to Individual Insurance**

A Prudential representative can assist you, without cost or obligation, with the conversion process and answer any questions you may have. If you do not have a Prudential representative currently handling your insurance and financial needs, you can locate the Prudential office most convenient to you in the telephone directory or through our website, [www.prudential.com/giconversions](http://www.prudential.com/giconversions).

Under the terms of your group life policy, some or all of your insurance coverage may be converted to permanent insurance. Please carefully read the provisions in your booklet/certificate which describe your conversion privilege, if any.

If you were insured for accidental death benefits (ADB) under the group plan, you may be eligible to add an accidental death benefit rider to the conversion policy. Subject to approval by Prudential, the amount of ADB is equal to the amount of life insurance coverage you are converting and may be included in policies issued at age 70 and under. The ADB is available for amounts between \$25,000 and \$500,000. Conversion Rates are shown in the Rates Tables under the heading "With ADB".

## Instructions

You should submit your application and first premium within the 31-day period specified in your booklet/certificate.

Premium rates for the Prudential Guaranteed Life Insurance policy are included in this brochure. These are standard rates per \$1,000 of insurance and apply to most individuals who are converting. The right to convert to a Prudential Guaranteed Life Insurance policy is guaranteed provided the terms as described in your booklet/certificate are met.

**Servicemembers/Reservists:** If you wish to convert Servicemembers' Group Life Insurance (SGLI) to a Prudential individual life insurance policy, you must submit your application, first month's premium, the letter you received from the Office of Servicemembers' Group Life Insurance, and the proof of SGLI as defined in the above mentioned letter to a Prudential office within 120 days of your release from uniformed service or release from assignment to the Ready Reserves.

**Veterans:** If you wish to convert Veterans' Group Life Insurance (VGLI) to a Prudential individual life insurance policy, you must submit your application, first month's premium, and your VGLI Conversion Notice, SGL 183, to a Prudential office.

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*Like most insurance policies, Prudential policies contain exclusions, limitations, reductions of benefits, and terms for keeping them in force. A Prudential representative can provide you with costs and complete details.*

**ALL CONVERSION APPLICATIONS MUST BE ACCOMPANIED BY AN AMOUNT LARGE ENOUGH TO PAY THE ENTIRE FIRST PREMIUM.**

### How to Calculate Prudential Premiums

Premiums are payable annually, quarterly, or by pre-authorized monthly check draft (Prumatic). The mode of payment selected must produce a minimum premium of at least \$15.00.

Use standard rates per \$1,000 shown in this brochure. After determining the premium for the amount of insurance being converted, add the following policy constant to obtain the premium for the policy:

\$85.00 for annual mode of payment,  
\$23.00 for quarterly mode of payment,  
\$ 8.00 for Prumatic mode of payment.

This example illustrates a premium calculation for a \$25,000 Prudential Guaranteed Life Insurance policy for someone who is 40 years old. The payment mode is quarterly.

1. The rate per \$1,000 with ADB for a quarterly payment shown on page 6 is \$4.18.
2. Multiply the amount of insurance being converted (i.e., the number of \$1,000 units) by the rate per \$1,000 and add the quarterly policy constant:

$$25 \times \$4.18 = \$104.50 + \$23.00 = \$127.50$$

When requesting information, please state your date of birth, your group policy number, and the name of the organization through which your group insurance was obtained.

## Policy Description

The following is a brief description of the policy available as a conversion for which rates are included in this brochure. Additional information regarding the policy described below may be obtained from a Prudential representative.

### Prudential Guaranteed Life Insurance

Prudential Guaranteed Life Insurance is a whole life product with a guaranteed cash value and a guaranteed death benefit for the lifetime of the insured, provided premiums are paid when due and there are no outstanding loans or withdrawals. The face amount is payable at death.

The basic premiums are level and payable to the policy anniversary when the insured is age 85, or until death, if earlier. If the insured survives the premium payment period, the policy is continued with no further premium required. Prudential Guaranteed Life Insurance is a non-participating policy, which means dividends will not be paid on the policy.

### Prudential Guaranteed Life (For Policies \$1-\$24,999)

Standard rates per \$1,000 - A policy constant must be added to the total premium.  
Please refer to the section "HOW TO CALCULATE PRUDENTIAL PREMIUMS"

AGE LAST BIRTHDAY	ANNUAL	QUARTERLY	PRUMATIC
	Rate per thousand	Rate per thousand	Rate per thousand
15	2.66	0.70	0.24
16	2.83	0.75	0.25
17	3.00	0.80	0.27
18	3.19	0.85	0.28
19	3.39	0.90	0.30
20	3.59	0.95	0.32
21	3.81	1.01	0.34
22	4.04	1.07	0.36
23	4.27	1.13	0.38
24	4.54	1.20	0.40
25	4.81	1.27	0.43
26	5.07	1.34	0.45
27	5.34	1.42	0.48
28	5.63	1.49	0.50
29	5.93	1.57	0.53
30	6.26	1.66	0.56
31	6.62	1.75	0.59
32	6.99	1.85	0.62
33	7.38	1.96	0.66
34	7.80	2.07	0.69
35	8.24	2.18	0.73
36	8.75	2.32	0.78
37	9.30	2.46	0.83
38	9.87	2.62	0.88
39	10.48	2.78	0.93
40	11.13	2.95	0.99
41	11.81	3.13	1.05
42	12.53	3.32	1.12
43	13.29	3.52	1.18
44	14.09	3.73	1.25
45	14.94	3.96	1.33
46	15.77	4.18	1.40
47	16.65	4.41	1.48
48	17.57	4.66	1.56
49	18.55	4.92	1.65
50	19.57	5.19	1.74
51	20.71	5.49	1.84
52	21.93	5.81	1.95
53	23.23	6.16	2.07
54	24.63	6.53	2.19
55	26.10	6.92	2.32
56	27.71	7.34	2.47
57	29.50	7.82	2.63
58	31.45	8.33	2.80
59	33.62	8.91	2.99
60	36.00	9.54	3.20
61	38.47	10.19	3.42
62	41.17	10.91	3.66
63	44.17	11.71	3.93
64	47.45	12.57	4.22
65	50.45	13.37	4.49
66	53.98	14.30	4.80
67	57.96	15.36	5.16
68	62.51	16.57	5.56
69	67.84	17.98	6.04
70	72.62	19.24	6.46
71	78.11	20.70	6.95
72	84.23	22.32	7.50
73	91.13	24.15	8.11
74	99.04	26.25	8.81
75	108.29	28.70	9.64

\*ADB is not available with face amounts of less than \$25,000.  
These rates are effective 12/18/01 and are subject to change at Prudential discretion.

**Prudential Guaranteed Life  
(For Policies \$25,000-\$99,999)**

Standard rates per \$1,000 - A policy constant must be added to the total premium.  
Please refer to the section "HOW TO CALCULATE PRUDENTIAL PREMIUMS"

AGE LAST BIRTHDAY	ANNUAL		QUARTERLY		PRUMATIC	
	W/O ADB	With ADB	W/O ADB	With ADB	W/O ADB	With ADB
15	4.87	5.67	1.29	1.50	0.43	0.50
16	5.09	5.89	1.35	1.56	0.45	0.52
17	5.33	6.13	1.41	1.62	0.47	0.54
18	5.57	6.36	1.48	1.69	0.50	0.57
19	5.80	6.57	1.54	1.74	0.52	0.59
20	6.03	6.79	1.60	1.80	0.54	0.61
21	6.29	7.04	1.67	1.87	0.56	0.63
22	6.58	7.32	1.74	1.94	0.59	0.66
23	6.87	7.60	1.82	2.01	0.61	0.68
24	7.18	7.90	1.90	2.09	0.64	0.70
25	7.52	8.24	1.99	2.18	0.67	0.73
26	7.83	8.56	2.07	2.26	0.70	0.77
27	8.17	8.91	2.17	2.37	0.73	0.80
28	8.52	9.27	2.26	2.46	0.76	0.83
29	8.90	9.66	2.36	2.56	0.79	0.86
30	9.29	10.06	2.46	2.66	0.83	0.90
31	9.72	10.50	2.58	2.79	0.87	0.94
32	10.17	10.96	2.70	2.91	0.91	0.98
33	10.62	11.43	2.81	3.02	0.95	1.02
34	11.12	11.95	2.95	3.17	0.99	1.06
35	11.63	12.47	3.08	3.30	1.04	1.11
36	12.22	13.08	3.24	3.47	1.09	1.17
37	12.84	13.72	3.40	3.63	1.14	1.22
38	13.47	14.37	3.57	3.81	1.20	1.28
39	14.14	15.06	3.75	3.99	1.26	1.34
40	14.84	15.79	3.93	4.18	1.32	1.40
41	15.57	16.54	4.13	4.39	1.39	1.48
42	16.35	17.35	4.33	4.60	1.46	1.55
43	17.16	18.19	4.55	4.82	1.53	1.62
44	18.01	19.07	4.77	5.05	1.60	1.69
45	18.90	19.99	5.01	5.30	1.68	1.78
46	19.80	20.92	5.25	5.55	1.76	1.86
47	20.73	21.89	5.49	5.80	1.84	1.94
48	21.71	22.90	5.75	6.07	1.93	2.04
49	22.74	23.97	6.03	6.36	2.02	2.13
50	23.80	25.08	6.31	6.65	2.12	2.23
51	25.00	26.32	6.63	6.98	2.23	2.35
52	26.26	27.63	6.96	7.32	2.34	2.46
53	27.63	29.06	7.32	7.70	2.46	2.59
54	29.07	30.56	7.70	8.09	2.59	2.72
55	30.60	32.15	8.11	8.52	2.72	2.86
56	32.15	33.77	8.52	8.95	2.86	3.00
57	33.90	35.60	8.98	9.43	3.02	3.17
58	35.80	37.58	9.49	9.96	3.19	3.35
59	37.90	39.77	10.04	10.54	3.37	3.54
60	40.20	42.16	10.65	11.17	3.58	3.75
61	42.54	44.61	11.27	11.82	3.79	3.97
62	45.12	47.30	11.96	12.54	4.02	4.21
63	47.96	50.27	12.71	13.32	4.27	4.48
64	51.07	53.52	13.53	14.18	4.55	4.77
65	53.82	56.42	14.26	14.95	4.79	5.02
66	57.91	60.68	15.35	16.08	5.15	5.40
67	62.49	65.44	16.56	17.34	5.56	5.82
68	67.75	70.92	17.95	18.79	6.03	6.31
69	73.91	77.32	19.59	20.49	6.58	6.88
70	79.48	83.16	21.06	22.04	7.07	7.40
71	85.89	0.00	22.76	0.00	7.64	0.00
72	93.06	0.00	24.66	0.00	8.28	0.00
73	101.13	0.00	26.80	0.00	9.00	0.00
74	110.40	0.00	29.26	0.00	9.83	0.00
75	121.24	0.00	32.13	0.00	10.79	0.00

**Prudential Guaranteed Life  
(For Policies \$100,000 and up)**

Standard rates per \$1,000 - A policy constant must be added to the total premium.  
Please refer to the section "HOW TO CALCULATE PRUDENTIAL PREMIUMS"

AGE LAST BIRTHDAY	ANNUAL		QUARTERLY		PRUMATIC	
	W/O ADB	With ADB	W/O ADB	With ADB	W/O ADB	With ADB
15	4.61	5.41	1.22	1.43	0.41	0.48
16	4.84	5.64	1.28	1.49	0.43	0.50
17	5.07	5.87	1.34	1.55	0.45	0.52
18	5.30	6.09	1.40	1.61	0.47	0.54
19	5.54	6.31	1.47	1.67	0.49	0.56
20	5.77	6.53	1.53	1.73	0.51	0.58
21	6.03	6.78	1.60	1.80	0.54	0.61
22	6.30	7.04	1.67	1.87	0.56	0.63
23	6.60	7.33	1.75	1.94	0.59	0.66
24	6.91	7.63	1.83	2.02	0.61	0.67
25	7.25	7.97	1.92	2.11	0.65	0.71
26	7.53	8.26	2.00	2.19	0.67	0.74
27	7.84	8.58	2.08	2.28	0.70	0.77
28	8.16	8.91	2.16	2.36	0.73	0.80
29	8.50	9.26	2.25	2.45	0.76	0.83
30	8.85	9.62	2.35	2.55	0.79	0.86
31	9.25	10.03	2.45	2.66	0.82	0.89
32	9.64	10.43	2.55	2.76	0.86	0.93
33	10.05	10.86	2.66	2.87	0.89	0.96
34	10.49	11.32	2.78	3.00	0.93	1.00
35	10.96	11.80	2.90	3.12	0.98	1.05
36	11.51	12.37	3.05	3.28	1.02	1.10
37	12.07	12.95	3.20	3.43	1.07	1.15
38	12.66	13.56	3.35	3.59	1.13	1.21
39	13.28	14.20	3.52	3.76	1.18	1.26
40	13.93	14.88	3.69	3.94	1.24	1.32
41	14.60	15.57	3.87	4.13	1.30	1.39
42	15.33	16.33	4.06	4.33	1.36	1.45
43	16.07	17.10	4.26	4.53	1.43	1.52
44	16.85	17.91	4.47	4.75	1.50	1.59
45	17.67	18.76	4.68	4.97	1.57	1.67
46	18.50	19.62	4.90	5.20	1.65	1.75
47	19.38	20.54	5.14	5.45	1.72	1.82
48	20.29	21.48	5.38	5.70	1.81	1.92
49	21.25	22.48	5.63	5.96	1.89	2.00
50	22.23	23.51	5.89	6.23	1.98	2.09
51	23.36	24.68	6.19	6.54	2.08	2.20
52	24.54	25.91	6.50	6.86	2.18	2.30
53	25.81	27.24	6.84	7.22	2.30	2.43
54	27.16	28.65	7.20	7.59	2.42	2.55
55	28.58	30.13	7.57	7.98	2.54	2.68
56	29.96	31.58	7.94	8.37	2.67	2.81
57	31.51	33.21	8.35	8.80	2.80	2.95
58	33.20	34.98	8.80	9.27	2.95	3.11
59	35.07	36.94	9.29	9.79	3.12	3.29
60	37.09	39.05	9.83	10.35	3.30	3.47
61	39.17	41.24	10.38	10.93	3.49	3.67
62	41.43	43.61	10.98	11.56	3.69	3.88
63	43.94	46.25	11.64	12.25	3.91	4.12
64	46.68	49.13	12.37	13.02	4.15	4.37
65	49.09	51.69	13.01	13.70	4.37	4.60
66	52.79	55.56	13.99	14.72	4.70	4.95
67	56.95	59.90	15.09	15.87	5.07	5.33
68	61.71	64.88	16.35	17.19	5.49	5.77
69	67.29	70.70	17.83	18.73	5.99	6.29
70	72.33	76.01	19.17	20.15	6.44	6.77
71	78.15	0.00	20.71	0.00	6.96	0.00
72	84.64	0.00	22.43	0.00	7.53	0.00
73	91.98	0.00	24.37	0.00	8.19	0.00
74	100.40	0.00	26.61	0.00	8.94	0.00
75	110.25	0.00	29.22	0.00	9.81	0.00

These rates are effective 12/18/01 and are subject to change at Prudential discretion.

These rates are effective 12/18/01 and are subject to change at Prudential discretion.

**PLEASE CONTACT NDPERS TO REQUEST THE PRUDENTIAL  
APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE.**



**RETIREE CONTINUATION OF GROUP DENTAL COVERAGE (COBRA)**  
**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
 SFN 53800 (REV. 01-06)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A MEMBER INFORMATION</b>		
Name (Last, First, MI)	Social Security Number	
<b>PART B NDPERS GROUP INSURANCE ONLY</b>		
Do you wish to continue your current coverage in the NDPERS Dental Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Current Level of Coverage: <input type="checkbox"/> Self Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> Reduced Level of Coverage (Self Only) ( <b>SFN 53504 MUST accompany this form</b> )		
Employees terminating employment, or otherwise losing eligibility, may continue their NDPERS Group Dental Coverage at their own expense for a maximum of 18 months subject to the following: <ol style="list-style-type: none"> <li>1. You must be a member of the plan at time of loss of eligibility.</li> <li>2. Your spouse or any other dependent(s) applying for this continuation coverage must be a member of the plan at time of loss of eligibility.</li> <li>3. You must complete and submit this election form to NDPERS within 60 days from your last date of coverage.</li> </ol> <p>If you do not choose continuation coverage, your group dental coverage will end on the last day of the month for which premiums were paid.</p>		
<b>PART C PAYMENT METHOD &amp; MEMBER AUTHORIZATION</b>		
(If a payment method is not elected, you must submit your personal check for the monthly premium to NDPERS by the 1 <sup>st</sup> day of each month. NDPERS will not send you monthly premium notices. Failure to remit your premium by the due date will result in loss of dental coverage.)		
<u><b>RETIREMENT GROUP</b></u> <input type="checkbox"/> NDPERS/NDHPRS <input type="checkbox"/> TFFR <input type="checkbox"/> JOB SERVICE → <hr/> <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> NDPERS DEFINED CONTRIBUTION → <input type="checkbox"/> EX-LEGISLATOR	<u><b>PAYMENT OPTION – MUST SELECT ONE</b></u> <input type="checkbox"/> Deduct from pension check <input type="checkbox"/> Withhold from bank account (Complete <a href="#">SFN 50134</a> ) <hr/> <input type="checkbox"/> Withhold from bank account (Complete <a href="#">SFN 50134</a> )	
I have read this application in its entirety ( <b>including the back page</b> ) and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.		
_____ Signature of Member		_____ Date Signed
<b>PART D NDPERS USE ONLY</b>		
Group Number	Month the last dental insurance premium will be paid:	Effective date of coverage:

**ORIGINAL TO NDPERS – PLEASE MAKE A PHOTOCOPY FOR YOUR**

On July 1, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group plans offer employees and their families the opportunity for a temporary extension of coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end.

If you are the spouse of an employee covered by the employer's group plan, you have the right to choose continuation coverage for yourself if you lose group coverage under the group plan for any of the following four reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for the reasons other than gross misconduct) or reduction in your spouse's hours of employment with the employer.
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to (that is, covered by) Medicare.

In the case of a dependent child of an employee covered by the employer's group plan, he or she has the right to continuation coverage if group dental coverage under the group plan is lost for any of the following reasons:

1. The death of the employee;
2. A termination of the employee's employment (for reasons other than a gross misconduct) or reduction in the employee's hours of employment with the employer;
3. The employee's divorce or legal separation;
4. The employee becomes entitled to (that is, covered by) Medicare;
5. The dependent child ceases to be a "dependent child" under the group plan.

Under the law, the employee or a family member has the responsibility to inform NDPERS of a divorce, legal separation or a child losing dependent status under the group plan within 60 days of the date of the event. The employer with whom you have your NDPERS group benefit plan has the responsibility to notify NDPERS of an employee's death, termination, and reduction in hours of employment or Medicare entitlement.

Once is notified that one of these events has happened, you will in turn be notified that you have the right to choose continuation coverage. Under the law you have at least 60 days from the date you would lose coverage because of one of the events described above to inform NDPERS that you want continuation coverage.

If you do not choose continuation coverage on a timely basis, your group insurance coverage will end. Not choosing continuation coverage may cause a break in your continued coverage and such break of more than sixty-three days may cause loss in coverage portability.

If you choose continuation of coverage, NDPERS is required to give you coverage, which, as of the time coverage is being provided is identical to the coverage provided under the group dental plan to similarly situated employees or family members.

In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage. The 18 months may extend to 29 months if an individual is determined by the Social Security Administration to be disabled (for Social Security disability purposes) as of the termination or reduction in hours of employment or within 60 days thereafter. To benefit from this extension, you must notify NDPERS of the determination within 60-day s or before the end of the original 18-month period. The affected individual must also notify NDPERS within 30 days of any final determination that the individual is no longer disabled.

However, the law also provides that continuation coverage may be cut short for any of the following five reasons:

1. The employer no longer provides group coverage to any of its employees;
2. The premium for your continuation coverage is not paid on time;
3. You become entitled to (that is, covered by) Medicare; or
4. You extend coverage for up to 29 months due to disability and there has been a final determination that you are no longer disabled.



**RETIREE DENTAL INSURANCE ENROLLMENT/CHANGE**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 53504 (REV. 03/04)



New Retiree

**EMPLOYEE BENEFITS**

Policy Number: **GH-28275-8**

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

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**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A MEMBER INFORMATION</b>							
Name (Last, First, Mi)				Social Security Number			
Mailing Address				City	State	Zip Code + 4	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Daytime Telephone Number		
<b>PART B ENROLLMENT/CHANGE</b>							
<input type="checkbox"/> Medicare Eligible <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Address Change <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Loss of COBRA Coverage <input type="checkbox"/> Loss of Other Employer Coverage <input type="checkbox"/> Surviving Spouse – New Coverage <input type="checkbox"/> Disability <input type="checkbox"/> Retirement – Date of 1 <sup>st</sup> Check ____/____/____ <input type="checkbox"/> Surviving Spouse- Transferring from Contract # _____							
<b>PART C ELECT COVERAGE</b>							
<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse <input type="checkbox"/> Retiree + Child(ren) <input type="checkbox"/> Retiree + Family							
For Spouse and Dependent Coverage, Provide all information requested below:							
Name (Last, First, Mi)	Relationship	Date of Birth	Sex	Marital Status*	Child Status**	Add	Drop
* For Marital Status, enter one of the following: Single, Married, Divorced, Widowed, or Legally Separated. ** For Child Status, indicate "S" if full-time student or "H" if handicapped, or leave blank if neither.							
<b>Other Dental Coverage Information</b> (Complete if you and /or any dependent have Dental coverage with another insurer or carrier.)							
Retiree/Dependent Name (Last, First, Mi)	Name and Address of Other Dental Insurer/Carrier			Policy/Plan Number	Effective Date	Other Dental Coverage Type	
						<input type="checkbox"/> Single <input type="checkbox"/> Family	
						<input type="checkbox"/> Single <input type="checkbox"/> Family	
<b>PART D PAYMENT METHOD</b>							
<b>RETIREMENT GROUP</b> <input type="checkbox"/> NDPERS/NDHPRS <input type="checkbox"/> TFFR <input type="checkbox"/> JOB SERVICE →  <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> NDPERS DEFINED CONTRIBUTION → <input type="checkbox"/> EX-LEGISLATOR				<b>PAYMENT OPTION – MUST SELECT ONE</b> <input type="checkbox"/> Deduct from pension check <input type="checkbox"/> Withhold from bank account (Complete <a href="#">SFN 50134</a> )  <input type="checkbox"/> Withhold from bank account (Complete <a href="#">SFN 50134</a> )			
<b>PART E WAIVE COVERAGE</b>							
<b>IF YOU DO NOT WANT COVERAGE - COMPLETE THIS WAIVER SECTION.</b> I have been given the opportunity to apply for Group Dental Insurance offered by NDPERS and have decided not to accept the offer for: (check all that apply) <input type="checkbox"/> myself <input type="checkbox"/> spouse only <input type="checkbox"/> child(ren) only <input type="checkbox"/> myself and entire family because: <input type="checkbox"/> I have other coverage through my spouse's employer <input type="checkbox"/> I have other individual coverage <input type="checkbox"/> Other _____ Should I desire to apply for dental insurance in the future, I realize that a "late entrant" penalty may be applied.							
<b>PART F MEMBER AUTHORIZATION</b>							
To the best of my knowledge and belief, the information I have provided on this form is correct. I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime. I understand my coverage begins on the effective date assigned by ING. I have read this application in its entirety (including the back page) and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.							
_____ Member Signature				_____ Date of Signature			
<b>PART G NDPERS USE ONLY</b>							
Group Number		Effective date of coverage:			Effective date of change:		

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

Please refer to the "Retiree Dental Coverage" sheet.

**Part A Member Information**

Enter your name, social security number, mailing address, date of birth, gender, marital status, and day time telephone number.

**Part B Enrollment/Change**

Check the appropriate "qualifying event".

**Part C Elect Coverage**

Select the level of coverage. If electing Retiree + Spouse, Retiree + Child(ren), or Retiree + Family, complete spouse and dependent coverage information. If you are adding or dropping a spouse or dependent, ensure that you check the appropriate box.

Indicate if you and/or any dependent have other Dental coverage.

**Part D Payment Method**

If you are drawing a pension from a PERS defined benefit plan (NDPERS/NDHPRS), the Teacher's Fund for Retirement (TFFR), or the Job Service Retirement Plan, you can have your dental insurance premium deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account.

If you are drawing a pension from TIAA-CREF or the NDPERS Defined Contribution Plan or you are an ex-legislator, your dental insurance premiums must be withheld from a bank account.

**Part E Waiver of Coverage**

If you do not wish to enroll in the dental plan, complete Parts A, E and F.

**Part F Member Authorization**

You must sign and date this section for the form to be valid.

**Part G NDPERS Use Only**



**RETIREE CONTINUATION OF GROUP VISION INSURANCE COVERAGE (COBRA)**  
**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
 SFN 53801 (REV.01-06)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

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**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A MEMBER INFORMATION</b>		
Name (Last, First, MI)		Social Security Number
<b>PART B NDPERS GROUP INSURANCE ONLY</b>		
Do you wish to continue your current coverage in the NDPERS <u>Vision</u> Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Current Level of Coverage: <input type="checkbox"/> Self Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Family <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Reduced Level of Coverage (Self Only) (SFN 53505 MUST accompany this form)</div>		
Employees terminating employment, or otherwise losing eligibility, may continue their NDPERS Group Vision Coverage at their own expense for a maximum of 18 months subject to the following: 1) You must be a member of the plan at time of loss of eligibility. 2) Your spouse or any other dependent(s) applying for this continuation coverage must be a member of the plan at time of loss of eligibility. 3) You must complete and submit this election form to NDPERS within 60 days from your last date of coverage. If you do not choose continuation coverage, your group vision coverage will end on the last day of the month for which premiums were paid.		
<b>PART C PAYMENT METHOD &amp; MEMBER AUTHORIZATION</b>		
(If a payment method is not elected, you must submit your personal check for the monthly premium to NDPERS by the 1 <sup>st</sup> day of each month. NDPERS will not send you monthly premium notices. Failure to remit your premium by the due date will result in loss of vision coverage.)		
<b><u>RETIREMENT GROUP</u></b> <input type="checkbox"/> NDPERS/NDHPRS <input type="checkbox"/> TFFR <input type="checkbox"/> JOB SERVICE    → <hr style="border: 0; border-top: 1px dotted black;"/> <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> NDPERS DEFINED CONTRIBUTION    → <input type="checkbox"/> EX-LEGISLATOR	<b><u>PAYMENT OPTION – MUST SELECT ONE</u></b> <input type="checkbox"/> Deduct from pension check <input type="checkbox"/> Withhold from bank account (Complete SFN 50134) <hr style="border: 0; border-top: 1px dotted black;"/> <input type="checkbox"/> Withhold from bank account (Complete SFN 50134)	
I have read this application in its entirety ( <b>including the back page</b> ) and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.		
_____ Signature of Member		_____ Date Signed
<b>PART D NDPERS USE ONLY</b>		
Group Number	Month the last vision insurance premium will be paid:	Effective date of coverage:

**ORIGINAL TO NDPERS – PLEASE MAKE A PHOTOCOPY FOR YOUR**

## RETIREE CONTINUATION OF GROUP VISION INSURANCE COVERAGE (COBRA)

SFN 53801 (01-06) Page 2

On July 1, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group plans offer employees and their families the opportunity for a temporary extension of coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end.

If you are the spouse of an employee covered by the employer's group plan, you have the right to choose continuation coverage for yourself if you lose group coverage under the group plan for any of the following four reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for the reasons other than gross misconduct) or reduction in your spouse's hours of employment with the employer.
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to (that is, covered by) Medicare.

In the case of a dependent child of an employee covered by the employer's group plan, he or she has the right to continuation coverage if group vision coverage under the group plan is lost for any of the following reasons:

1. The death of the employee;
2. A termination of the employee's employment (for reasons other than a gross misconduct) or reduction in the employee's hours of employment with the employer;
3. The employee's divorce or legal separation;
4. The employee becomes entitled to (that is, covered by) Medicare;
5. The dependent child ceases to be a "dependent child" under the group plan.

Under the law, the employee or a family member has the responsibility to inform NDPERS of a divorce, legal separation or a child losing dependent status under the group plan within 60 days of the date of the event. The employer with whom you have your NDPERS group benefit plan has the responsibility to notify NDPERS of an employee's death, termination, and reduction in hours of employment or Medicare entitlement.

Once is notified that one of these events has happened, you will in turn be notified that you have the right to choose continuation coverage. Under the law you have at least 60 days from the date you would lose coverage because of one of the events described above to inform NDPERS that you want continuation coverage.

If you do not choose continuation coverage on a timely basis, your group insurance coverage will end. Not choosing continuation coverage may cause a break in your continued coverage and such break of more than sixty-three days may cause loss in coverage portability.

If you choose continuation of coverage, NDPERS is required to give you coverage, which, as of the time coverage is being provided is identical to the coverage provided under the group vision plan to similarly situated employees or family members.

In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage. The 18 months may extend to 29 months if an individual is determined by the Social Security Administration to be disabled (for Social Security disability purposes) as of the termination or reduction in hours of employment or within 60 days thereafter. To benefit from this extension, you must notify NDPERS of the determination within 60-days or before the end of the original 18-month period. The affected individual must also notify NDPERS within 30 days of any final determination that the individual is no longer disabled.

However, the law also provides that continuation coverage may be cut short for any of the following five reasons:

1. The employer no longer provides group coverage to any of its employees;
2. The premium for your continuation coverage is not paid on time;
3. You become entitled to (that is, covered by) Medicare; or
4. You extend coverage for up to 29 months due to disability and there has been a final determination that you are no longer disabled.



**RETIREE VISION INSURANCE ENROLLMENT/CHANGE**  
**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
 SFN 53505 (REV. 03/04)



Policy Number: **G010-350308**

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

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**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A MEMBER INFORMATION</b>							
Name (Last, First, Mi)				Social Security Number			
Mailing Address				City	State	Zip Code + 4	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Daytime Telephone Number		
<b>PART B ENROLLMENT/CHANGE</b>							
<input type="checkbox"/> Medicare Eligible <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Address Change <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Loss of COBRA Coverage <input type="checkbox"/> Loss of Other Employer Coverage <input type="checkbox"/> Surviving Spouse – New Coverage <input type="checkbox"/> Disability <input type="checkbox"/> Retirement – Date of 1 <sup>st</sup> Check ____/____/____ <input type="checkbox"/> Surviving Spouse- Transferring from Contract # _____							
<b>PART C ELECT COVERAGE</b>							
<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse <input type="checkbox"/> Retiree + Child(ren) <input type="checkbox"/> Retiree + Family							
For Spouse and Dependent Coverage, Provide all information requested below:							
Name (Last, First, Mi)	Relationship	Date of Birth	Sex	Marital Status*	Child Status**	Add	Drop
<i>* For Marital Status, enter one of the following: Single, Married, Divorced, Widowed, or Legally Separated.</i> <i>** For Child Status, indicate "S" if full-time student or "H" if handicapped, or leave blank if neither.</i>							
<b>Other Vision Coverage Information</b> (Complete if you and /or any dependent have Vision coverage with another insurer or carrier.)							
Retiree/Dependent Name (Last, First, Mi)	Name and Address of Other Vision Insurer/Carrier			Policy/Plan Number	Effective Date	Other Vision Coverage Type	
						<input type="checkbox"/> Single <input type="checkbox"/> Family	
						<input type="checkbox"/> Single <input type="checkbox"/> Family	
<b>PART D PAYMENT METHOD</b>							
<b>RETIREMENT GROUP</b> <input type="checkbox"/> NDPERS/NDHPRS <input type="checkbox"/> TFFR <input type="checkbox"/> JOB SERVICE   →				<b>PAYMENT OPTION – MUST SELECT ONE</b> <input type="checkbox"/> Deduct from pension check <input type="checkbox"/> Withhold from bank account (Complete <a href="#">SFN 50134</a> )			
<input type="checkbox"/> TIAA-CREF <input type="checkbox"/> NDPERS DEFINED CONTRIBUTION   → <input type="checkbox"/> EX-LEGISLATOR				<input type="checkbox"/> Withhold from bank account (Complete <a href="#">SFN 50134</a> )			
<b>PART E WAIVE COVERAGE</b>							
<b>IF YOU DO NOT WANT COVERAGE - COMPLETE THIS WAIVER SECTION.</b>							
I have been given the opportunity to apply for Group Vision Insurance offered by NDPERS and have decided not to accept the offer for: (check all that apply) <input type="checkbox"/> myself <input type="checkbox"/> spouse only <input type="checkbox"/> child(ren) only <input type="checkbox"/> myself and entire family because: <input type="checkbox"/> I have other coverage through my spouse's employer <input type="checkbox"/> I have other individual coverage <input type="checkbox"/> Other _____ Should I desire to apply for vision insurance in the future, I realize that a "late entrant" penalty may be applied.							
<b>PART F MEMBER AUTHORIZATION</b>							
To the best of my knowledge and belief, the information I have provided on this form is correct. I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime. I understand my coverage begins on the effective date assigned by Ameritas. I have read this application in its entirety ( <b>including the back page</b> ) and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.							
_____ Member Signature				_____ Date of Signature			
<b>PART G NDPERS USE ONLY</b>							
Group Number		Effective date of coverage:			Effective date of change:		

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

Please refer to the "Retiree Vision Coverage" sheet.

**Part A      Member Information**

Enter your name, social security number, mailing address, date of birth, gender, marital status, and day time telephone number.

**Part B      Enrollment/Change**

Check the appropriate "qualifying event".

**Part C      Elect Coverage**

Select the level of coverage. If electing Retiree + Spouse, Retiree + Child(ren), or Retiree + Family, complete spouse and dependent coverage information. If you are adding or dropping a spouse or dependent, ensure that you check the appropriate box.

Indicate if you and/or any dependent have other Vision coverage.

**Part D      Payment Method**

If you are drawing a pension from a PERS defined benefit plan (NDPERS/NDHPRS), the Teacher's Fund for Retirement (TFFR), or the Job Service Retirement Plan, you can have your vision insurance premium deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account.

If you are drawing a pension from TIAA-CREF or the NDPERS Defined Contribution Plan or you are an ex-legislator, your vision insurance premiums must be withheld from a bank account.

**Part E      Waiver of Coverage**

If you do not wish to enroll in the vision plan, complete Parts A, E and F.

**Part F      Member Authorization**

You must sign and date this section for the form to be valid.

**Part G      NDPERS Use Only**

**AUTHORIZATION FOR AUTOMATIC PREMIUM DEDUCTION**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 50134 (Rev. 09/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • 400 East Broadway, Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657****(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920****PART A CONTRACT HOLDER INFORMATION (Must Be Completed By Member)**

Contract Holder (Last, First, Mi)

Social Security Number

I authorize the North Dakota Public Employees Retirement System (NDPERS) and the financial institution named on this form to initiate electronic fund transfer (EFT) from my designated account and for the monthly insurance premiums indicated below. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.

☐ Checking Account☐ Savings Account☐ Health☐ Life☐ Dental☐ Vision

This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it. The premium amount will be deducted from your account by the fifth working day of each month. Your financial institution may charge an additional fee for this service.

I agree to the terms listed on this authorization.

\_\_\_\_\_  
Signature of Contract Holder as it Appears Above\_\_\_\_\_  
Date**PART B FINANCIAL INSTITUTION ( Must Be Completed By Institution)**

Name of Financial Institution

Mailing Address

City

State

Zip Code

Payee's Account Number

Type of Account

☐ Checking☐ Savings

Routing Number (9 Digits)

--	--	--	--	--	--	--	--	--

\_\_\_\_\_  
Signature of Financial Institution Representative\_\_\_\_\_  
Date of Signature

Financial Institution Representative (Please Print)

Title

Telephone Number

**PART C NDPERS USE ONLY**

Group Number

Effective Date:

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR**

## **INSTRUCTIONS AND CONDITIONS**

If you wish to have your monthly insurance premiums deducted from your savings or checking account, you must complete this form to authorize this action and attach a void check for the account from which you want your premium deducted. The North Dakota Public Employees Retirement System will deduct these premiums to the point you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

### **THIS FORM ONLY AUTHORIZES DEDUCTIONS FROM YOUR ACCOUNT**

#### **PART A CONTRACT HOLDER INFORMATION**

Print or type the full name and social security number of the Contract Holder. Indicate the type of account from which the premium is to be deducted and the plan(s) the deduction applies to. Sign and date the form.

#### **PART B FINANCIAL INSTITUTION SECTION**

After completing the top portion of this form, the form should be delivered or sent to the designated financial institution. Upon completion, you and the financial institution should retain a photocopy for your records and the original is to be sent to:

North Dakota Public Employees Retirement System  
P.O. Box 1657  
Bismarck, ND 58502-1657  
Telephone: (701) 328-3900

If you have any questions please call the NDPERS office at: (701) 328-3900 or (800) 803-7377

#### **CANCELLATION INSTRUCTIONS**

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System, or in the event of your death. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

**The form is due back in our office by the 15<sup>th</sup>  
of the month prior to the month you want to  
begin your premium deduction.**



UNUM Life Insurance Company of America  
Portland, Maine 04122

## Election for Portable Coverage – B Long Term Care

Mail to: Unum LTC Customer Services  
2211 Congress Street  
Portland, Maine 04122-1760

Portability Number: 224998

### To be completed by the employer

<i>Company name</i>		<i>Plan number</i>
Company Data:		
<i>Street</i>	<i>City</i>	<i>State/Zip</i>
Company Address:		
<i>Last name</i>	<i>First name</i>	<i>Middle initial</i>
Employee Name:		
<i>Date of birth</i>	<i>Social Security number</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employee Data:		
Person terminating group coverage:		<input type="checkbox"/> Employee <input type="checkbox"/> Family Member
Reason person is terminating group coverage:		<input type="checkbox"/> Termination of Employment <input type="checkbox"/> Divorce <input type="checkbox"/> Death of spouse <input type="checkbox"/> Other _____
Date group coverage terminates:		<i>Month</i> <i>Day</i> <i>Year</i>
Current monthly premium payment:		<i>Employee</i> <i>Spouse</i> \$ /month \$ /month

Signature of Employer:

Date:

### To be completed by the Employee

If you are an insured employee, you may be eligible to port your Long Term Care Insurance after your group coverage terminates. If you wish to elect portable coverage, complete this section and send this form to UNUM within 31 days after your group coverage terminates. You must include your first premium payment, which is based on the payment option you select below. **You will be responsible for the entire cost of your coverage.**

<i>Mailing Address:</i>	<i>Street</i>	<i>City</i>	<i>State/Zip</i>
<i>Payment options:</i>	<i>Quarterly</i> <input type="checkbox"/> (3x monthly rate)	<i>Semi-annually</i> <input type="checkbox"/> (6x monthly rate)	<i>Annually</i> <input type="checkbox"/> (12x monthly rate)

Signature of Employee:

Date:

### To be completed by the Employee's Family Member

If you are the insured family member or former family member of the above employee, you may be eligible to port of your Long Term Care Insurance after your group coverage terminates. If you wish to elect portable coverage, please complete this section and send this form to UNUM within 31 days after your group coverage terminates. You must include your first premium payment, which is based on the payment option you select below. **You will be responsible for the entire cost of your coverage.**

<i>Name:</i>	<i>Last name</i>	<i>First name</i>	<i>Middle Initial</i>
<i>Mailing Address:</i>	<i>Street</i>	<i>City</i>	<i>State/Zip</i>
<i>Data:</i>	<i>Date of birth</i>	<i>Social Security number</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<i>Payment Options:</i>	<i>Quarterly</i> <input type="checkbox"/> (3x monthly rate)	<i>Semi-annually</i> <input type="checkbox"/> (6x monthly rate)	<i>Annually</i> <input type="checkbox"/> (12x monthly rate)

Signature of Employee's Family Member:

Date:

## **Information About Portable Coverage**

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### **Should The Certificate of Insurance be Kept?**

If portable coverage is elected, you will not receive a new Portable Certificate of Insurance. The coverage you or your family member had under the group plan continues under ported coverage.

### **Can Coverage Be Changed?**

You or your family member may apply at any time to increase coverage by filling out a new application, which includes evidence of insurability. Call Unum at (800) 227-4165 for assistance.

### **When Are Premiums Due And What Is The Grace Period?**

Premium payment options include quarterly, semi-annually, or annually. Mail the first premium payment with this form. Unum will mail subsequent bills to you or your family member at the address(es) provided. A grace period of 45 days after the premium due date will be allowed for the payment of each premium.

### **Where Should Premium Payments Be Sent?**

You or your family member must pay the premium directly to Unum for portable coverage to be continued. The address is:

Unum LTC Customer Services  
2211 Congress Street  
Portland, Maine 04122-1760

### **How Long Will Unum Continue To Pay For Long Term Care Benefits?**

Unum will continue monthly payments for long term care benefits until the earliest of the following dates:

- The date the person is no longer disabled,
- The date the person dies, or
- The date the person's total benefit payments equal the lifetime maximum amount.

### **When Will This Portability Coverage Terminate?**

A person's portable coverage will terminate on the earlier of:

- The end of the period for which the required premiums for the ported coverage were last paid to Unum, or
- The date the person dies.



# CONTINUATION OF COVERAGE IN A MEDICAL SPENDING ACCOUNT (COBRA)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53512 (01-05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A PARTICIPANT/QUALIFIED BENEFICIARY INFORMATION</b>			
Name (Last, First, Mi)		Member Id Number (Required)	
Daytime Telephone Number		Social Security Number (Required)	
Address	City	State	Zip Code + 4
<b>PART B CONTINUATION OF COVERAGE ELECTION / WAIVER</b>			
<p>Do you wish to continue your current participation in the NDPERS Medical Spending Account?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="text-align: center;"><b>If you elect Medical Spending Continuation coverage, it will be in effect to the end of the current plan year, or December 31.</b></p>			
<b>PART C AUTHORIZATION OF APPLICANT</b>			
<p>I have read the information in its entirety, <b>including the back page</b>, and agree to abide by the terms of the Plan Document. I certify, under penalties of perjury, that the information submitted on this form is true, correct and complete.</p>			
<hr/> <p>Applicant Signature</p>		<hr/> <p>Date of Signature</p>	

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

**Entitlement to COBRA Coverage**

Under provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, you have the opportunity to extend your participation in the NDPERS Medical Spending Account to the end of the current plan year.

Participants may elect to continue coverage in the Medical Spending Account if they terminate employment for reasons other than gross misconduct or become ineligible due to a reduction in hours of employment.

Qualified Beneficiaries Your spouse or dependent(s) may elect to continue coverage in a medical spending account under the following circumstances:

1. Participant's Death
2. Divorce or legal separation
3. A dependent child ceases to be a "dependent child" under the group health plan.

Under the law, it is the responsibility of the person seeking continuation coverage to inform NDPERS of a divorce, legal separation or a child losing dependent status within 60 days of the date of the event.

The employer has the responsibility to notify NDPERS of a participant's death, termination, or reduction in hours of employment.

You will have 60 days from the date of this notice to inform NDPERS that you want continuation coverage.

**Length of COBRA Coverage**

You, your spouse or dependent(s), are eligible to receive continuation coverage until the end of the plan year, or December 31, in which the qualifying event occurred.

**COBRA Coverage Premiums**

To continue your coverage, submit the premium amount plus a two percent (2%) administrative fee by the first of each month.

If you fail to pay the premium on time, your coverage will terminate on the last day of the month for which a contribution was received.

**Continuation coverage under COBRA is provided subject to your eligibility. NDPERS reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage.**

**IF YOU DO NOT RETURN THIS ELECTION FORM WITHIN 60 DAYS OF THE DATE OF THIS NOTICE YOU WILL LOSE YOUR RIGHT TO ELECT CONTINUATION COVERAGE**